

39th Annual Deaf Baptist Fellowship of America at Hammond, Indiana on June 25-29, 2019

We are very honor to invite you to follow His steps at the First Baptist Church of Hammond. Everyone is welcome to visit. Every evening services are complimentary so **no** need to pay registration fee after 6:00 pm but do pay fees for workshops. Program opens at 8:00 am on Tuesday and closes at 10:00 pm on Friday.

Choir, Exhibitor, and Sponsor forms as well as Accommodation, Attraction, and Transportation included discounts are available on web site: [http://www.dbfa.net] or request by contact us. Deaf Baptist Fellowship of America do **NOT** provide shuttle to and from accommodation, activities, church, and transportation center.

Leaders or workers, who bring group, may be qualified to get special discount so please request information.

TYPE:	BABY	CHILD	TEENAGER	ADULT	SENIOR	COUPLE	AFTER APRIL 15, 2019, NO REFUND ON REGISTRATION FEE.
AGE:	5 AND UNDER	6 – 12	13 – 19	20 – 64	65 AND OVER	MALE AND FEMALE	
COST:	\$10.00	\$20.00	\$50.00	\$100.00	\$70.00	\$150.00	

Registration fee includes: gift bag, workshops, nursery, programs, and activities. Banquet is \$25.00 per plate on Friday afternoon. Registration fee may be on sale from time to time so check web site. Please mail registration form and money order to:

DEAF BAPTIST FELLOWSHIP OF AMERICA TREASURER
POST OFFICE BOX 2022
RIDGECREST, CA 93556-2022



After June First, Please do **NOT** mail registration fee and form, but you may register online anytime or at the registration table in the auditorium of the First Baptist Church of Hammond on 523 Sibley Street in Hammond, Indiana on Tuesday, June 25, 2019. Please do **NOT** contact the church office. Please do use E-mail address: [ed@eyeth.news]; 1-760-375-7555 [TTY]; OR 1-760-499-2336 [TEXT ONLY].

39th Annual Deaf Baptist Fellowship of America Registration Form

LAST NAME:	FIRST NAME:	AGE:	M / F / H / D / B / W
SPOUSE FIRST NAME:		AGE:	M / F / H / D / B / W
To read abbreviations as shown above and below so please circle: <u>M</u> ale / <u>F</u> emale / <u>H</u> ear / <u>D</u> eaf / <u>B</u> lind / <u>W</u> heel Chair			
CHILDREN NAMES:			
1. NAME: _____	AGE: ____	M / F / H / D / B / W	2. NAME: _____
3. NAME: _____	AGE: ____	M / F / H / D / B / W	4. NAME: _____
5. NAME: _____	AGE: ____	M / F / H / D / B / W	6. NAME: _____
MAILING ADDRESS:			
CITY:	STATE:	COUNTRY:	
TELEPHONE: __ (____) - _____ EXT. _____ [VOICE / FAX / TTY / TEXT / VIDEO]			
TELEPHONE: __ (____) - _____ EXT. _____ [VOICE / FAX / TTY / TEXT / VIDEO]			
E-MAIL ADDRESS:			
Name of the church that you attend:			
TYPE:	BABY	CHILD	TEENAGER
ADULT	SENIOR	BANQUET	TOTAL
HOW MANY:			
COST:	\$	\$	\$
	\$	\$	\$

ATTENTION

PASTORS, EVANGELISTS, MISSIONARIES, DIRECTORS, LEADERS, AND WORKERS:

SPECIAL RATE FOR YOU

**WHEN YOU BRING GROUP WITH YOU TO
FIRST BAPTIST CHURCH OF HAMMOND**

THEN YOU GET SPECIAL RATE:

- 1. MORE THAN 9 PEOPLE, YOU GET FREE REGISTRATION INCLUDED YOUR FAMILY.**
- 2. MORE THAN 19 PEOPLE, YOU GET FREE MEALS FOR YOUR FAMILY (TOTAL NINE MEALS).**
- 3. MORE THAN 29 PEOPLE, YOU GET FREE ROOM FOR THREE NIGHTS WITH YOUR FAMILY.**
- 4. MORE THAN 39 PEOPLE, YOU GET A FREE AIRLINES ROUND TRIP TICKET TO CHICAGO AIRPORT ON UNITED AIRLINES ONLY.**

LOCAL PEOPLE ARE NOT QUALIFIED WITHIN FIFTY MILES RADIUS OF THE CHURCH. Your group need to state name of the church attend on the form.

MAY THE LORD SHINE HIS LAMP UPON YOUR FEET AND LIGHT YOUR PATH UNTIL WE SEE EACH OTHER AT DBFA.