



# I-FEST REGISTRATION FORM

July 5-10, 2010

**For office use only:**  
 \_\_\_\_\_  
 G \_\_\_\_\_ / L \_\_\_\_\_

**This box must be filled out by attending group leader. Please print clearly. Make copies for each attendee to fill out after completing this box. Keep a copy of all registration(s) for your records.**

Leader's Name: \_\_\_\_\_ Team Name: \_\_\_\_\_  
First Last

Leader's Cell Phone: (\_\_\_\_) \_\_\_\_\_ Church Name: \_\_\_\_\_  
emergency on-site contact #

## INDIVIDUAL INFORMATION:

Name: \_\_\_\_\_ Dream Team Applicant:  Yes  No  
First Last

Age: \_\_\_\_\_  Male  Female Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Club One Number: \_\_\_\_\_  
required (team leader must be 21 or older) (if applicable)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_ Send Correspondence By:  E-mail  Mail  Fax (\_\_\_\_) \_\_\_\_\_  
required

Indicate Training Desired:  Puppetry  Puppet Ministry Leadership  Ventriloquism Send Me More Information:  Puppetry Dream Team  Vent Dream Team

**Type of Registration** (See chart below):  A  B  C  D  E  F  Additional Night Lodging (\$30 per night per person. Must reserve by 6/15/10):  Sun 7/4  Sat 7/10

I prefer to room with: \_\_\_\_\_  
list one person only!

## EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: \_\_\_\_\_

Best Contact Phone Numbers: (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ Relationship to Attendee: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Specific Health Issues/Problems/Allergies/Medications: \_\_\_\_\_

Permission is given for One Way Street, Olivet Nazarene University or my child's team leader to seek medical help if needed for the above named minor.

Parental Signature: \_\_\_\_\_  
if attendee is under 18

TYPES OF REGISTRATIONS	Paid in full by 11/30/09		Paid in full by 5/14/10		Paid in full by 6/15/10		Paid after 6/15/10	
	Individual	Group*	Individual	Group*	Individual	Group*	Individual	Group*
<b>A Full Week Complete Registration</b> <small>(includes registration, 5 nights' lodging - double occupancy, 15 meals)</small>	\$399	\$375	\$425	\$399	\$460	\$435	\$499	n/a
<b>B Full Week Registration &amp; Meals ONLY</b> <small>(includes registration, 15 meals, no lodging)</small>	\$320	\$299	\$325	\$305	\$360	\$340	\$399	\$379
<b>C Full Week Registration ONLY</b> <small>(no meals or lodging)</small>	\$215	\$199	\$220	\$205	\$245	\$230	\$289	\$274
<b>D Weekend SuperFest Complete Registration</b> <small>(includes registration, 2 nights' lodging - double occupancy, 6 meals)</small>	\$225	\$210	\$245	\$235	\$270	\$260	\$299	n/a
<b>E Weekend SuperFest Registration &amp; Meals ONLY</b> <small>(includes registration, 6 meals, no lodging)</small>	\$195	\$185	\$205	\$195	\$220	\$210	\$249	\$240
<b>F Weekend SuperFest Registration ONLY</b> <small>(no meals or lodging)</small>	\$150	\$143	\$160	\$153	\$175	\$168	\$190	\$183
<b>★ Extra Night's Lodging</b> (meals not included) <small>(Sunday July 4, 2010 or Saturday July 10, 2010)</small>	\$30.00 per person per night		\$30.00 per person per night		\$30.00 per person per night		\$40.00 per person per night	

\* Group rate is for four or more, per person, registering at the same time. Additions to a group may qualify for the group rate until June 23, 2010, if available.

## PAYMENT:

Total Number Registering: \_\_\_\_\_ (Must have four or more registering at the same time to qualify for the group rate)

**TYPE OF PAYMENT:**  Check  Visa  MasterCard  
 Discover Card  American Express

Number of: **A** \_\_\_\_\_ at \_\_\_\_\_ Total \_\_\_\_\_  
**B** \_\_\_\_\_ at \_\_\_\_\_ Total \_\_\_\_\_  
**C** \_\_\_\_\_ at \_\_\_\_\_ Total \_\_\_\_\_  
**D** \_\_\_\_\_ at \_\_\_\_\_ Total \_\_\_\_\_  
**E** \_\_\_\_\_ at \_\_\_\_\_ Total \_\_\_\_\_  
**F** \_\_\_\_\_ at \_\_\_\_\_ Total \_\_\_\_\_  
 (Extra Night) ★ \_\_\_\_\_ at \_\_\_\_\_ Total \_\_\_\_\_

Club One 5% off (one registration per club member) \_\_\_\_\_  
 Total Amount Enclosed \_\_\_\_\_

Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ CID Number\*: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_

**MAIL/FAX YOUR FORM TO:**  
 One Way Street Events  
 11999 E. Caley Ave.  
 Centennial, CO 80111-6835  
 303-790-4265 fax  
**Must be received by  
 June 23, 2010**

\* Your CID# is located on the back of your card. It is the last three (3) numbers on your signature panel.