



May 15, 2017 Feb. 28, 2017 May 15, 2016 Aug. 15, 2016 Nov. 30, 2016



Dexter Ave. Baptist Church Montgomery, Alabama



The Rosa Parks Museum Montgomery, Alabama



MLK National Historic Site Atlanta, Georgia



The Edmund Pettus Bridge - Selma, Alabama



Birmingham Civil Rights Institute - Birmingham, Alabama





Eastern District Educational Heritage Tour 2017

June 29-July 1, 2017 REGISTRATION FORM

Room Type: ☐Single \$75 Deposit	□Double \$75 Deposit	□Triple \$50 Deposit		□Quad \$50 Deposit	
Name:		Sex: ☐ M	ΠF	Age*:	
Address:	<u> </u>				
Parent/Guardian*:		Email:			
Home Phone:	Ce	Cell Phone:			
Emergency Contact Name/Numb	er:				
Name:		Sex: □ M	ΟF	Age*:	
Address:					
Parent/Guardian*:		Email:			
Parent/Guardian*:		Email:			
Parent/Guardian*:	oer:	Email: II Phone:			
Parent/Guardian*: Home Phone: Emergency Contact Name/Numb	oer:	Email: II Phone:			
Parent/Guardian*: Home Phone: Emergency Contact Name/Numb	Ce per:	Email: II Phone: Sex: □ M	ΟF	Age*:	
Parent/Guardian*: Home Phone: Emergency Contact Name/Numb	oer:	Email: II Phone: Sex: □ M Email:	ΟF	Age*:	
Parent/Guardian*: Home Phone: Emergency Contact Name/Numb	oer:	Email: II Phone: Sex: □ M	ΟF	Age*:	
Parent/Guardian*: Home Phone: Emergency Contact Name/Numb Name: Address: Parent/Guardian*:	Der:Ce	Email: II Phone: Sex: □ M Email: II Phone:	ΟF	Age*:	
Parent/Guardian*: Home Phone: Emergency Contact Name/Numb Name: Address: Parent/Guardian*: Home Phone: Emergency Contact Name/Numb	cer: Ce	Email: II Phone: Sex: □ M Email: II Phone:	□ F	Age*:	
Parent/Guardian*: Home Phone: Emergency Contact Name/Numb Name: Address: Parent/Guardian*: Home Phone:	cer: Ce	Email: II Phone: Sex: □ M Email: II Phone:	□ F	Age*:	
Parent/Guardian*: Home Phone: Emergency Contact Name/Numb Name: Address: Parent/Guardian*: Emergency Contact Name/Numb Name: Address: Parent/Guardian*:	cer: Ce	Email: II Phone: Sex: □ M Email: II Phone: Sex: □ M Email:	O F	Age*:	
Parent/Guardian*: Home Phone: Emergency Contact Name/Numb Name: Address: Parent/Guardian*: Emergency Contact Name/Numb Name: Address: Parent/Guardian*:	cer: Ce	Email: II Phone: Sex: □ M Email: II Phone: Sex: □ M Email:	□ F	Age*:	

Rooms will be assigned based on this form.

Total Deposit Paid: ______
Date Received: _____

DEPOSITS ARE NON-REFUNDABLE (Substitutions may be allowed)

Make Cashier's Check/Money Order payable to: EASTERN DISTRICT (Heritage Tour in Memo Line)

All monies will be receipted. No personal checks!

Please mail to: Beverly Hester-Stephens 901 Kenion Road Hillsborough, North Carolina 27278

Payment Dates:

2nd Payment

Nov. 30, 2016

1st Payment

Aug. 15, 2016

Deposit

May 15, 2016

3rd Payment

Feb. 28, 2017

Final Payment

May 15, 2017

Church Name:	
Pastor:	
Phone:	Email:
All youth under age 18 Elder requests 1:6 ration contact person.	must have a chaperone from local church. Presiding o. Please indicate chaperone info below, if different
Chaperone:	
Phone:	Fmail:

Each participant under the age of 18 must have "Liability Waiver" and "Medical Authorization" forms completed by Parent/Guardian and attached to this registration form upon submission.



Eastern District

Western North Carolina Conference

Reverend I. Bernard Wilder, Presiding Elder

Educational Heritage Tour

Travel Liability Waiver Atlanta, GA and Alabama – June 29-July 1, 2017

Assumption of Risk and Release of Liability

Attendee Name (Please Print)		
I am participating in the afore named trip, and h harmless the Eastern District of the Western No. Carolina Conference, the Second Episcopal Dist Local Officers and all affiliated parishes, and the any and all claims, for bodily injury demands or property damage or personal injury, damages, locattorneys' fees, arising out of or in any way relatively.	rth Carolina Conference, The W trict, the Presiding Elder, Distric neir officers, agents and employed causes of action of any type whosses and expenses, including bu	estern North of Officers, Pastors, ees, from and against natsoever, including at not limited to
I am aware that there are possible risks and dang responsibility for any injuries or damages I may travel to or from the trip destination. In addition hold the Eastern District of the Western North Cemployees harmless for all claims or damages contentional, or other act or omission on my part.	y sustain as a result of my partic I, I assume liability for and agree Carolina Conference and its office caused, in whole or in part, by me	ipation, including to indemnify and to cers, staff, and
By signing this waiver of liability and release, I document and the travel information for this trip conditions.	acknowledge that I have read are and I fully agree and understan	nd understood this ad all terms and
Attendee Signature	Phone Number	Date
Parent/Guardian Signature (if traveler under 18 years of age)	Phone Number	Date