



2023 Conference Registration

Name _____

Address _____

E-Mail Address _____

Phone/VP _____

How many adults are registering? _____

What are their names?

What is the name of your church? _____

How many children are registering? _____

How many children are over 10 years old? _____

What are their names and ages?

_____ Total Adults and Children to eat Lunch on Saturday

_____ Total Adults and Children to eat Dinner on Saturday

Any Dietary Restrictions: _____

Total amount you want to Donate \$ _____

_____ Conference _____ General Fund _____ Mission Fund _____ Camp Ichthus

_____ Servants Scholarship _____ Interpreter Program _____ Youth Program

If you pay by check, you will not have to pay the CashApp \$2.00 fee. If you are paying by check, please make it out to **SC Baptist Conference of the Deaf** and mail your registration form and check/money order to **Artie Connolly c/o SCBCD** or **CashApp: \$scbdeaf**

**PO Box 754
Fairforest, SC 29336**