

15th SHARON FAMILY CONFERENCE

REGISTRATION FORM

Regular Registration (PLEASE PRINT)



FIRST NAME:		LAST NAME:	
ADDRESS:		CITY:	
		STATE:	
CELL PHONE:		EMAIL:	
CHURCH INFO (Name, Address, Pastor):			

ADDITIONAL ADULTS & CHILDREN

	First Name	Last Name	UNDER 13 Age	Sex	Cell #	T-Shirt Size XXL / XL / L / M / S KL / KM / KS	Arrival Details Date & Time
2				M / F			@
3				M / F			@
4				M / F			@
5				M / F			@
6				M / F			@
7				M / F			@
8				M / F			@

PLEASE EMAIL THE DETAILS TO transportation@sharonhouston.com, IF YOU NEED A RIDE FROM THE AIRPORT

FAMILY PACKAGE RATES

	GOLD	SILVER	CHURCH	MEGA	Sub-Total
REGISTRATION PACKAGE (INCLUDE 3 nights Hotel, Meals, Registration)	\$1500 (up to 4 People)	\$1000 (up to 2 People)	\$2500 (up to 4 people)	\$3000 (up to 5 people)	\$ _____

GENERAL ADMISSION

	Early Registration Rate	# of Packages	Sub-Total
FOOD & REGISTRATION (PER PERSON – AGES 3 & up – Children Under 2 FREE)	\$85	X _____	\$ _____

HOTEL ACCOMDATION

GENERAL ADMISSION HOTEL RATES: **YOU MUST MAKE A RESERVATION ON YOUR OWN**
 ROOMS ARE LIMITED AND MENTION "SHARON FAMILY CONFERENCE" to get the special rates
 All rates are subject to availability at time of reservation and will incur a 13% hotel occupancy tax. Free parking is available at all hotels.

MARRIOTT @ Hobby Airport

9100 Gulf Freeway, 77017
 \$90 Single or Double per Night
 Breakfast included
 Book online -- Code, "M-8R5IVB1"

JULY 7, 2017 DEADLINE

CONTACT [Takara Crawford](mailto:Takara.Crawford@marriott.com)
 713-943-4032

for more info please email SECRETARY@SHARONHOUSTON.COM

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LIABILITY OF WAIVER

I as an attendee(s) of the 15th SFCNA Conference acknowledge and accept full responsibility for the safety and liability of all those that are registered under me and myself. In case of any emergency I or anyone in my group will not hold any of the conference committees or any other officials of the conference responsible. Any damages to the hotel room, event centers or any of the facilities, or the church caused by my group or myself will be my responsibility.

PRINT NAME: _____ Signature: _____ Date: _____

Please send your check payable to **SFCH**. (please write "Registration Name" on the memo)

Mail to **Sharon Family Conference (SFCNA) 12303 Ashford Hollow Dr. Sugarland, TX 77478**

All cancellation (registration only) requests must be made before July 15, 2017. No refund will be issued after this date.

Thanks for your cooperation and we look forward to your attendance at the Conference.

www.sharoncon.com | www.sharonhouston.com

for more info please email SECRETARY@SHARONHOUSTON.COM