



# Americana Leadership College<sup>sm</sup>

## GROWING EXECUTIVES OF TOMORROW, Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Age \_\_\_\_\_

**Circle your First Gift:**

**Prophecy**

**Vision**

**Intuition**

**Feeling**

	Daily	Weekend	Weekly	Monthly
<b>OA Meals &amp; Lodging</b>	1 night, 3 meals	1 night, 5 meals (BLD/BL)	7 nights, 21 meals	30 nights, 90 meals
Ages 2-7	\$15.00	\$25.00	\$85.00	\$315.00
Ages 8-11	\$21.00	\$31.00	\$120.00	\$445.00
Ages 12-28	\$25.00	\$35.00	\$140.00	\$525.00
GFGgnd Fees	\$5.00/day for off site			

**Program fees are \$15 per day for Cycle 1 (2-7 yrs) and \$25 per day for all others**

### **NUMBER OF DAYS ATTENDING**

DATES	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Totals
Week 1- please ✓								
Dates ____ to ____								
Week 2- please ✓								
Dates ____ to ____								
Week 3- please ✓								
Dates ____ to ____								
Week 4- please ✓								
Dates ____ to ____								
Ground Fees								

TOTALS	
GET	\$
Ground Fees	\$
<b>GRAND TOTAL</b>	<b>\$</b>

**METHOD OF PAYMENT**

Cash:  Check:  Credit Card

Credit Card Info: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Code \_\_\_\_\_

\_\_\_\_\_  
Signature

M & L Tally	Ins. Tally	GET Reg. Sheet	LTS	
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# MEDICAL RELEASE FORM

**This Form must be signed by the legal guardian of any youth attending program or staying on the grounds of the Conference Center.**

**I HEREBY AUTHORIZE AND GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT TO BE GIVEN TO \_\_\_\_\_ AS NEEDED IN CASE I CANNOT BE REACHED.**

*(Name of Child)*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

Date: \_\_\_\_\_

***Please provide any necessary medical information.***

M & L Tally	Ins. Tally	GET Registration	LTS	
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