

31st Mid-Atlantic Christadelphian Bible School

July 3 – July 11, 2010

Registration Information

*One Form per family. Duplicate extra forms if needed. Please type or print legibly and mail by May 1st
Please completely fill in all requested information!*

Bible School Costs (US funds)

Street Address _____

Postmarked: Prior to May 1 After May 1

Adult \$445 \$465

12 -19 Yrs \$375 \$395

3- 11 Yrs \$235 \$255

0-2 Yrs \$ 25 \$ 25

City _____ State/Province/Country _____ Zip/Postal Code _____

Telephone: (____) _____ (Complete E-mail info on back of form)

If residing elsewhere and attending classes on a daily basis, an activity fee of \$18 (1st day) & \$10 (each succeeding day) is required (see Registrar at school). View information and forms on line: www.Christadelphians.net/MACBS

Ecclesia: _____ 1st Time at this School? (circle one) Yes No

All requested information is necessary to confirm your registration.

*Names: (As desired on name tag):

Age on Grade Sex Baptized
7/03/10 Fall 10 M/F Yes/No

Requested Roommate or
Suite Mates

Sponsor (if other
than parents)

Last	First	Age on 7/03/10	Grade Fall 10	Sex M/F	Baptized Yes/No	Requested Roommate or Suite Mates	Sponsor (if other than parents)

Roommate preferences are accommodated whenever possible with those registering early getting first consideration. Requests received after May 15 may not be possible. In submitting this registration we acknowledge that all members of our family and any minors for which we are serving as sponsors will be aware of and will abide by the MACBS rules while at the Bible School.

Please note any serious medical problems by checking here and explaining on page two of this form: _____
If your child has any special needs or learning disabilities, please check here and explain on page two of this form: _____

Balance due on first Saturday, July 3rd. Deposit fees will not be refunded after May 31, 2010.

*Individuals under 18 must be accompanied by an adult sponsor over 25.

Make Checks payable to: MACBS

All registrations, deposits and general information requests should be mailed to

Canadian Registration Deposits - \$20 per person, \$50 family maximum in Canadian Funds. Balance of the costs will be due at Shippensburg in US Funds drawn via a US Bank.

MACBS
PO Box 131
Mansfield, PA 16933
(570) 513-0564
E-mail: macbs@live.com
(E-mail registrations can not be accepted.)

US and All Other Registrations and Deposits - \$20 per person, \$50 family maximum in US Funds drawn via a US Bank.

Our opportunity to Serve

Let us not grow weary in well doing, for in due season we shall reap, if we do not lose heart. So then, as we have opportunity, let us do good to all men, and especially to those who are of the household of faith.

Please check correct statement: Lord willing,

_____ I (we) will be attending on a full-time basis.

_____ I (we) will be attending as weekend or part-time students. Please list arrival and departure dates and meals required on page 2 of form.

_____ I (we) will be using the nursery during the week.

_____ I (we) will attend full-time, but will leave prior to the last Sunday breakfast.

Please list the first name of the person willing to serve in the blank provided:

- | | |
|---|---------------------------|
| _____ I will serve where help is needed | _____ Organists/Pianists |
| _____ Audio & Taping Assistance | _____ Teen Devotions |
| _____ Family of God Leader | _____ Teen Presider |
| _____ Night Patrol Volunteer | _____ Daily News Bulletin |
| _____ Nursery | _____ Presider |
| _____ PM Program Assistants (circle grade) PreK,K-1 | _____ Grades 2-5 6-7 8-9 |
| _____ Youth Program Teacher (circle grade) PreK K-1 | _____ 2-3 4-5 6-7 8-9 |
| _____ Youth Sports Assistants (circle grade) Grades 1-3 | _____ 4-6 7-9 |
| _____ Other _____ | |

(See Additional Information on Back)

