

36th Mid-Atlantic Christadelphian Bible School Registration Form

June 27 – July 5, 2015

www.MidAtlanticBibleSchool.com

One form per family. Duplicate or download from our web extra forms if needed. Please type or print legibly.

Bible School Rates (US funds)

Street Address _____

Postmarked: Prior to May 1 May 1 or later

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

Adult	\$520	\$540
12 -19 Yrs.	\$440	\$460
3- 11 Yrs.	\$265	\$285
0-2 Yrs.	\$ 25	\$ 25

Telephone: (____) _____ Email address for confirmation: _____

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

* If residing elsewhere and attending classes on a daily basis, an activity fee of \$18 (1st day) & \$10 (each succeeding day) is required, meals are extra (see Registrar at school).

All requested information is necessary to confirm your registration.

*Names: (As desired on name tag):		Age on	Grade	Sex	Baptized	Requested Roommate or	Sponsor (if other
Last	First	6/30/15	Fall 15	M/F	Yes/No	Suite Mates	than parents)

Roommate preferences are accommodated whenever possible with those registering early getting first consideration. Requests received after May 15 may be too late to consider. 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 and University 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, June 27. Deposit fees will not be refunded after May 31, 2015

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

<p>Make Checks payable to: MACBS</p> <p>Canadian Registration Deposits - \$20 per person, \$50 family maximum in Canadian Funds. Balance of the tuition rates will be due at Shippensburg in US Funds drawn via a US Bank.</p> <p>US and All Other Registrations and Deposits - \$20 per person \$50 family maximum in US Funds drawn via a US Bank.</p>	<p>All registrations, deposits and general information requests should be mailed to:</p> <p>MACBS PO Box 131 Mansfield, PA 16933 (570) 513-0564</p> <p>E-mail: (Information only) macbs@live.com (E-mail registrations will not be accepted.)</p>
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Our opportunity to Serve

Please check correct statement: Lord willing,

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.

_____ 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 |
| _____ Recording Assistance | _____ Teen Devotions |
| _____ Family of God Leader | _____ Teen Presider |
| _____ Night Patrol Volunteer | _____ Daily News Bulletin |
| _____ Nursery | _____ Presider |
| _____ Equipment Moving | |
| _____ 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 page two)

2015 MEDICAL PERMISSION FORM FOR YOUTH ATTENDING WITH A SPONSOR
(REQUIRED IF YOUR CHILD IS ATTENDING WITH A SPONSOR)

I, the undersigned, as the parent/legal guardian of _____

do hereby give my permission to _____ to authorize any first aid or
 (Sponsor's name)

medical care deemed necessary for the above named youth in case of a medical emergency during the week of the 2015 Mid-Atlantic Christadelphian Bible School.

Parent/legal guardian (please print name) _____

Signature: _____ Date _____

Please give a copy of your medical insurance card and a copy of the Medical Permission Form to the Sponsor to carry with them!!

SPECIAL NEEDS:
Please explain any medical problems, special needs, or learning disabilities here:

2015 PART TIME STUDENTS (please check off required meal and lodging needs).

Rates shown are for 12 & over	1 ST SAT	1 ST SUN	MON	TUES	WED	THURS	FRI	2 ND SAT	2 ND SUN
BREAKFAST \$6.00	XXXX								
LUNCH \$9.00	XXXX								XXXX
DINNER \$11.00									XXXX
LODGING \$46.00									XXXX

FAMILY E-MAIL/TELEPHONE INFORMATION FOR ADDRESS LIST
 (Print or type legibly)

Name	E-Mail Address	Preferred Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____