

15th Annual CCDN Creative Arts Dance Encounter CONFERENCE REGISTRATION FORM

Pastor Henry and Dr. Ann Higgins, Official Hosts

DATE: _____

(Please Print)

★ Please feel free to make copies

REGISTRANT INFORMATION: (One per Artist)

Name: _____ Child: Age _____

Address: _____

City: _____ State _____ Country: _____

☎ Home Phone #: () _____ ☎ Cell #: ()

Email Address: _____ Home Work

MINISTRY INFORMATION:

Creative Arts Ministry Name: _____

Member Group How many? _____ Group Leader (Check if Leader)

Type of Ministry : Dance Mime Choir Band Drama Other: _____

Church Name: _____

Pastor: _____

AREA OF INTEREST: (List 2 or 3 areas of interest in the Arts)

_____ _____ _____

CONFERENCE COSTS:

Registration: **Adults:** **Children:** (under 14)

Full Conference Cost: **\$200** **\$125**

Daily Conference Cost: **\$** **\$**

Conference Hotel: Paradise Island Harbor Resort: **\$75/per person / per night Double occupancy**

Phone **1- (888) 645-5550** Booking Code: **CCDN Group**

REGISTRATION PAYMENT: (FOR OFFICE USE ONLY)

| | <u>Amount</u> | <u># of Attendees</u> | <u>Registration Fee</u> |
|-------------------------------|-----------------|-----------------------|---|
| Adult Full Registration: | \$ _____ | # _____ | (\$200 x _____) |
| One Day Registration: (Adult) | \$ _____ | # _____ | (\$ _____ x _____) |
| Children Full Registration: | \$ _____ | # _____ | (\$125 x _____) (Under 14) |
| One Day Registration: (Child) | \$ _____ | # _____ | (\$ _____ x _____) (Under 14) |
| TOTAL ENCLOSED: | \$ _____ | Check# _____ | (All Registration Fees are non-refundable) |

Make Checks Payable to: "CCDN"

✉ **Mail To: Caribbean Christian Dance Network P. O. Box N-7233 – Nassau, Bahamas**

✉ Email us at: ccdn@reborn.com Phone: (251) 243-4380 (242) 328-8670 (242) 322-4079