

# WCFS 2024 Family Leadership Conference - Registration Form

August 15-18 . Attendance Mandatory on Saturday, Aug 17th . Form & Deposit Due by Aug 9

## Contact Info:

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

## Attendance Plan:

Full Conference     Saturday Only  
 Staying Overnight (see below)  
 Excused Absence Requested – give reason  
 Attending Via Livestream

## Who's Attending:

WCFS Enrolled Member  Guest   
# Adults (age 12+): \_\_\_\_\_ # Children: \_\_\_\_\_

## Guest Attendance Cost:

Full Conference (\$45 before July 15<sup>th</sup>, \$60 after)  
 1 Day (\$25 before July 15<sup>th</sup>, \$40 after)

## Childcare Sign Up: (Age 11 and under)

We will need childcare on: **Friday, 9am-12:00pm:** # Children: \_\_\_\_\_ | **Saturday, 9am-12:30pm:** # Children: \_\_\_\_\_

## Overnight Accommodation Requirements:

Rates below are for a family of 4 (2 adults and 2 children) or 3 adults.

Number of Occupants	Number of Nights Staying at Camp:	Other Accommodations:
<input type="checkbox"/> Adults and children over 12	<input type="checkbox"/> Wednesday night <input type="checkbox"/> Friday night	<input type="checkbox"/> Request Picnic Table
<input type="checkbox"/> Children ages 3-12 (half adult rate)	<input type="checkbox"/> Thursday night <input type="checkbox"/> Saturday night	
<input type="checkbox"/> Children under 3 (free)		
<input type="checkbox"/> <b>TOTAL Occupants</b>	<input type="checkbox"/> <b>TOTAL Nights</b>	

Indicate your 1st and 2nd choice for accommodations:

Cabins: (no pets in cabins)	1 Night	2 Nights	3 Nights	Extra People/Night
<input type="checkbox"/> Full Bath, Full Kitchen .....	\$86	\$172	\$258	\$22.50
<input type="checkbox"/> Partial Kitchen or Bath .....	\$81	\$162	\$243	\$22.50
<input type="checkbox"/> Guest House (2/room, pvt. bath, shared kitchen)	\$83	\$166	\$249	\$13.00/each (1 child only)
<input type="checkbox"/> Multi-Family Units (shared bath & kitchen) .....	\$79	\$158	\$237	\$22.50

### Rooms:

<input type="checkbox"/> CB Byers Hotel Rooms (2 adult, 2 child) .....	\$147.50	\$295	\$442.50	\$36
<input type="checkbox"/> Private, half bath (per person, 2 per room) .....	\$28/adult/night		\$14/child/night	
<input type="checkbox"/> Rooms, public full bath (per family/per room) .....	\$38	\$76	\$114.00	\$0.00

### Tent and Camper Sites: (per family or 4 adults)

<input type="checkbox"/> Tent Site: .....	\$35	\$70	\$105	\$2.00 (if not your child)
<input type="checkbox"/> Camper Site with electric and sewage dump .....	\$52	\$104	\$156	\$2.00 (if not your child)

**Cabin priority is based on family need and length of stay. Otherwise, accommodations are on a first come, first served basis.**

## How to Calculate Accommodations Fee Total:

WCFS will calculate the EXTRA PERSONS PER NIGHT charge based on TOTAL OCCUPANTS and TOTAL NIGHTS.

You may do it yourself if desired using the instructions opposite.

### If Total Persons is over 4, then:

1. Subtract 4\* from TOTAL OCCUPANTS: \_\_\_\_\_
  2. Multiply result in line 1 by TOTAL NIGHTS: \_\_\_\_\_
  3. Enter the extra people/night total fee\*\* for your 1<sup>st</sup> choice acc.: \$ \_\_\_\_\_
  4. Multiply the result on line 2 by your entry on line 3: \$ \_\_\_\_\_
- \*subtract 3 if 3 or more adults    \*\*ages 3-12 are ½ adult rates

## Food Prep Resources:

**Cabins:** Most cabins have some cooking capacity. | **Tent Sites:** All tent sites have a campfire pit only. You may bring a butane stove or a grill and use the camp kitchen to store perishables.

## WCFS-Provided Meals:

For the 2023 Conference, WCFS is providing Friday lunch and dinner for FREE in addition to our annual Saturday picnic dinner. Donations accepted, not expected. Register for all the meals your family plans to attend below:

**Friday Bagged Lunch:** # Adults (age 12+): \_\_\_ # Children: \_\_\_

**Friday Dinner:** # Adults (age 12+): \_\_\_ # Children: \_\_\_

**Saturday Picnic Dinner:** # Adults (age 12+): \_\_\_ # Children: \_\_\_

## Saturday Lunch Sub Order:

Pre-order your subs: # Ham: \_\_\_ # Turkey: \_\_\_ # Beef: \_\_\_ | Total number of subs x \$8.00/sub = \$ \_\_\_\_\_

## Conference Sponsors:

\_\_\_ **I would like to sponsor the WCFS Family Leadership Conference.**

While WCFS never charges enrolled members conference attendance fees (we charge only for lodging), we must still pay for the buildings, equipment and meals used and provided during the conference. If you would like to donate towards these costs, please include a Sponsor Gift in the Fee Total box below.

## Accommodations Deposit: (Camping Excepted)

We require a **\$25 minimum non-refundable deposit** to register for overnight accommodations, due by August 9th.

## Late Registration Fee:

We require a **\$25 late fee** for any registrations submitted after July 14.

## Fee Total:

Sponsor Gift \$ \_\_\_\_\_

Accommodations \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

Deposit \$ \_\_\_\_\_ (send with form)

Late Fee \$ \_\_\_\_\_ (if applicable)

BALANCE \$ \_\_\_\_\_

## Volunteer to Help (Members Only):

\_\_\_ **NURSE/FIRST AID:** I have received training in first-aid care and am willing to volunteer on an on-call basis.

Type of training: DR \_\_\_ RN \_\_\_ LP \_\_\_ OTHER: \_\_\_\_\_

\_\_\_ **NURSERY/CHILD CARE:** (Adults and responsible teenage girls are welcome to help at the nursery) I am willing to help with nursery duty. We will inform volunteers of day and time of duty in later mailing.

\_\_\_ **GENERAL AVAILABILITY:** I am willing to assist wherever WCFS staff have need during the conference. It is understood that by checking this box I am not signing my life away but will be given reasonable duties and assignments that may be refused if a conflict of interest arises.

## Release and Waiver of Liability Agreement:

In consideration of my family's request to participate partially or wholly in the Wellspring Christian Family Schools' Family Leadership Conference, held at the Roxbury Holiness Campgrounds, in Roxbury, PA, beginning August 15, 2024 and ending August 18, 2024, I for myself, my family, my personal representatives, assign, heirs and next of kin do 1.) ASSUME ALL RISKS, 2.) ACCEPT ALL LIABILITY, 3.) HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Walkersville Christian Fellowship Inc., its board of Trustees and Elders, Wellspring Christian Family Schools and its board of Advisors, Superintendent, Administrator, staff, employees and volunteers, and the owners of the premises on which the several events are held (each considered on the "RELEASES" herein) FROM ALL LIABILITY, CLAIMS, LOSSES OR DAMAGES ON MY BEHALF CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, AND 4.) AGREE TO RESOLVE ALL DISPUTES, CLAIMS OR ALLEGATIONS (INCLUDING NEGLIGENCE) OF ANY KIND WITH THE BOARD OF TRUSTEES OF THE WALKERSVILLE CHRISTIAN FELLOWSHIP, INC. BEING THE SOLE AUTHORITY.

## Sign and Date:

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

## Submitting Deposit and Registration

Send deposit and registration form to: [info@wcfs.edu](mailto:info@wcfs.edu)  
or, WCFS 16827 Sabillasville Rd, Sabillasville, MD 21780