

Virginia Baptist Conference of the Deaf

Reaching Out

Matthew 5:14-16

CONFERENCE SITE:
Living Word Deaf Church
4130 Waterlick Road
Forest, VA 24551



April 12-14, 2019

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____ Phone: _____

Your church name and address: _____

Indicate Deaf/HOH/Hearing: _____

Please write clearly

List all family members attending:

**Indicate age
if under 18**

1.	
2.	
3.	
4.	
5.	
6.	
7.	

(If more lines are needed, please print on a plain piece of paper and staple to this form.)

➤ State any special interpreting needs: _____

>>>INTERPRETERS WORKSHOPS <<<

Interpreters pay the Conference fee of \$7 if one day only and the workshop fee of \$35.

Name: _____

Address: _____

E-mail: _____

Payable in order of VBCD, memo: LWDC 2019

Mail all forms with payment to:

**VBCD – Don Ames
5902 Ridge Ford Drive
Burke, VA 22015-3645**

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April 12-14, 2019

One Person per paper.
For age 0 – 5 only

Name _____

Parent(s) _____

Comments _____

PUT A ✓ IN THE APPLIED COLUMNS
(While meals are free. Need # of heads to prepare food)

Saturday Lunch	Saturday Dinner	Sunday Lunch	Total

Send this paper with other application papers if applied.

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One Person per paper.
For age 6 – 12 only

Name _____

Parent(s) _____

Comments _____

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Saturday Lunch	Saturday Dinner	Sunday Lunch	Total

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**Jr. VBCD Registration
For age 13 – 17 only**

Name(s) and age(s) _____

Parent(s) _____

Comments _____

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One Person per paper.
For Commuting adults only
(not sleeping overnight)

Name _____

Church name _____

Comments _____

PUT A ✓ IN THE APPLIED COLUMNS
(While meals are free. Need # of heads to prepare food)

Saturday Lunch	Saturday Dinner	Sunday Lunch	Total

Note: If you are visiting for one day, you need to pay the program fee of \$7.00.

Send this paper with other application papers if applied.

