

Y'All 2007: Lights! Camera! Action! Spotlight on Service!
Jekyll Oceanfront Resort, Jekyll Island, GA 🏖️ January 12-14, 2007

1. Use one registration form per attendee. Be sure to carefully read and complete the medical form on the other side of this registration form. All conference attendees are required to complete medical forms.
2. **The registration fee for this event is \$90.** It includes two meals, professional facilitator, meeting space, workshop materials, conference t-shirt, and other convention activities and materials.
3. **The registration deadline is Friday, December 1, 2006.** A completed registration packet will include this form, the medical form, and full payment. Full payment must be made by the registration deadline or you will be subject to a \$15 late fee. Any registrations postmarked after the deadline will be subject to a \$15 late fee and are not guaranteed a conference T-shirt.
4. *Cancellation requests must be made in writing or you will not receive a refund.* Cancellations made on or prior to Friday, December 1, 2006 will be refunded in full. There will be a \$30 deduction per registration for cancellations made between December 1, 2006 and January 7, 2007. Cancellation requests made between January 8 and January 11, 2007 will be subject to a \$50 cancellation fee. Cancellation requests postmarked on or after January 12, 2007 will not be honored. Refunds will be processed after the event.
5. All attendees will be responsible for making their own hotel reservations with the Jekyll Oceanfront Resort on Jekyll Island. (Please see separate worksheet attached; if there is no worksheet attached, please call 912-635-2531. Only one person per room should call to make reservations.) Registrants are responsible for paying for the room's base cost and all incidental charges incurred. Room rates range from \$59-\$129 per night (maximum four people per room, except for the two-bedroom villa which will house six) with 11% occupancy tax plus a resort fee of \$7.42 per guestroom per night.
6. Method of payment: We will accept personal/school checks and money orders (please do not send cash through the mail). If your registration fee is not postmarked by Friday, December 1, 2006, you will be subject to a \$15 late fee.
7. Make checks payable to the Georgia District of Circle K Conferences and Conventions (GA CKI Con-Con). Mail payment with this completed form to Y'all 2007, c/o Dia Kelly, 3010 Sawtooth Circle, Alpharetta, GA 30022.
8. If you have any questions, please contact Conference Chair Forrest Battle at exile989@gmail.com or GA CKI Governor Blaire Thrasher at circlekchica@gmail.com. You may also call or e-mail your questions to GA CKI Assistant Administrator Dia Stokes Kelly at (770) 552-0125 or dia_kelly@yahoo.com.

Check all boxes that apply to you:

- Male
 - Circle K'er
 - Advisor
 - Freshman
 - Senior
 - Female
 - Kiwanian
 - Parent/Family Member
 - Sophomore
 - Graduate Student
 - Circle K Alum
 - Other: _____
 - Junior
 - Expected Graduation Date: _____
- Check this box only if you do NOT want your address, phone number and e-mail address included on the Y'all Conference Friends & Family list which will be published after the event.

Last Name: _____ First Name: _____

Nickname: _____ E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Office Held (if applicable): _____

District: _____ Division: _____

Circle K Club: _____

T-shirt Size: All Conference attendees will receive an Extra-Large unless otherwise specified:

(circle one) Medium Large XX-Large XXX-Large

Do you have any special meal requirements? Yes _____ No _____ Please Explain: _____

For conference use only:

Date Canceled/Replacement? _____ Date Received: _____

Date/Amount Refunded: _____ Fee Received: _____

Medical Information Form

Please type or print. A completed medical information form is required for all participants attending any event hosted by the Georgia District of Circle K International and is to be turned in at the convention registration desk. Please keep one copy of this form with you at all times during the convention.

Registrant's Name: _____ **Height:** _____ **Weight:** _____ **Sex:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Country: _____ **Date of Birth:** ____/____/____ **Age:** _____

Person to be contacted in case of emergency:

Alternate Contact:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone: (____) _____

Home Phone: (____) _____

Work Phone: (____) _____

Work Phone: (____) _____

Name of Doctor: _____

Phone Number: (____) _____

Address/City/State/ZIP: _____

Name of Health Insurance Co.: _____ **Policy #:** _____

List any other pertinent information shown on insurance card: _____

List any medication you will be taking during the convention: _____

Please Circle Yes or No to the following items:

1. Have you ever been treated for: (If currently being treated, please indicate)

Y N Nervousness?

Y N High Blood Pressure?

Y N Any Mental Disorder?

Y N Severe or Frequent Headaches?

Y N Convulsions or Epilepsy?

Y N Asthma?

Y N Fainting Spells?

Y N Ulcers?

Y N Heart Condition?

Y N Diabetics?

Y N Rheumatic Fever?

Y N Allergic Reaction to Medication?

Y N Cancer or Tumor?

Y N Any other allergies or illnesses?

2. Do you have any other physical limitations? _____

3. Do you have a disability requiring special arrangements? Yes _____ No _____ If yes, what special arrangements do you require? _____

4. Please give details to yes answers to any of the questions above. Give dates of treatment, and names and addresses of attending physicians, hospitals and clinics. (Use additional sheets if necessary.) _____

Please Read Carefully: I hereby certify that the information given above is correct. In case of medical emergency, I understand every effort will be made to contact the person designated above. In the event that person cannot be reached, or time does not permit, I hereby give permission to a licensed physician to provide proper treatment, including hospitalization, immunization or injection, anesthesia or surgery. (If you are under the age of 18, your parent or legal guardian must sign this form.)

Signature: _____ **Date:** _____