



REKINDLE

TEEN CONFERENCE

AMBASSADOR BAPTIST COLLEGE

ADULT REGISTRATION FORM

November 13, 2021
ambassadors.edu/rekindle

Please print and complete all sections with attendants information.

REGISTRATION

Gender: Male Female

First Name: _____

Last Name: _____

Spouse's Name: _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone #: _____

I agree to abide by all camp rules and will assume full responsibility for my physical welfare and will not hold Ambassador Baptist College liable in case of sickness or accident.

Printed Name: _____

Signature Name: _____

Date: ___/___/___

Send Registration Form and Payment to:

Ambassador Baptist College
Attn: Rekindle Director
P.O. Box 158
Lattimore, NC 28089

HOME CHURCH INFORMATION

Church Name: _____

Pastor: _____

Address: _____

City: _____ State: _____ ZIP: _____

OFFICE USE ONLY

Fees: _____ Bal: _____

Date: ___/___/___ ID#: _____

