

Official Convention Registration Form

2017 Junior Civitan International Convention

June 24 – 27 · Sheraton · Birmingham, Alabama

Fee Must Be Paid in United States Funds

Registration must be received on the Official Convention Registration Form. **Registration form must be postmarked by May 12.** Mail to: Junior Civitan International, P. O. Box 130744, Birmingham, Alabama 35213.

Upon receipt of the Official Convention Registration Form, the registrant will be mailed additional information pertaining to the convention including transportation arrangements from the Birmingham-Shuttlesworth International Airport to the Sheraton Hotel, travel form, and other important information.

If you wish to share a room with a specific person, complete Section B. Roommate requests cannot be guaranteed. **Room assignments cannot be changed following registration.** Youth delegates must have parent or guardian complete and sign Sections C, D and E. Each delegate is required to have this form completed, signed, and on file. **Everyone attending the convention, including adults, must complete ALL SECTIONS.**

Registration Fees
must be postmarked by May 12

Youth (4 to a room)\$230 per person
Adult (4 to a room)..... \$280 per person
Adult (3 to a room)\$350 per person
Adult (2 to a room)\$400 per person
Adult (single).....\$550 per person
**Add Late Fee of \$25.00 if postmarked May 13 or later.*

Section A

Participant's Name: _____

Date of Birth: _____ Male Female Are you a 2017 graduate? Yes No Are you attending as a chaperone? Yes No

Home Address: _____

City/State/Province/Postal Code: _____

Telephone: (____) _____ — _____ Cell Phone: (____) _____ — _____ Email: _____

Name of Junior Civitan Club: _____ District: _____

Will you hold a club office in 2017-18? Yes No If yes, what club office: _____

Will you hold a district office in 2017-18? Yes No If yes, what district office: _____

Are you a member of the Creed Club? Yes No

Are you a vegetarian or would you prefer vegetarian meals during the convention? Yes No

*You MUST check yes in order to be guaranteed vegetarian meals.

Do you need a handicap accessible room? Yes No

Emergency Contact: Name _____ Relationship: _____

Telephone Number: Day (____) _____ — _____ Evening: (____) _____ — _____

Insurance Company: _____ Policy Number: _____

Section B Roommate Request (Please limit request to only one person. No adult chaperoning couples will be allowed to room together.)

I would like to share a room with: _____

Section C

In consideration of this registration and permitting me and/or my dependent to participate in the Junior Civitan International Convention, I/we do hereby release and discharge the officers, agents, instructors, and employees of Civitan International and Junior Civitan International from any and all claims, demands, suits, actions, and causes of action which I/we may have by reason of any illness or accident incurred or suffered by me or my dependent while traveling to and from and attending the Junior Civitan International Convention, no matter how caused or occasioned. I/ We further agree to indemnify and hold harmless Civitan International and Junior Civitan International against any and all claims and demands by any other person or legal entity for damages alleged to have been caused by the above named.

Section D

In consideration of this registration and permitting me and/or my dependent to participate in the Junior Civitan International Convention, I/we do hereby grant to Civitan International and Junior Civitan International, its employees, agents, assigns, and sponsors, the right to video and/or photograph me and/or my dependent, and use the video, photo, and or other digital reproduction of my/his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet and expressly waive any present, or future compensation rights to the use of the above stated material(s).

Section E

In case of accident or injury, I give my permission for me and/or my dependent to be treated by a local hospital or physician, and it is important that you be aware of the following allergies including those to medication and food: _____

Dated the _____ day of _____, 20____.

Signature: _____ Signature: _____

Address: _____

City/State/Province/Postal Code: _____

Cancellation Policy: 1. Cancellation requests postmarked prior to and including 21 days before the opening day of the convention shall be subject to a \$25 processing charge. The amount paid, less the \$25 processing charge shall be refunded. 2. All other cancellation requests will be eligible for a 50 percent refund. "No shows" who pre-register, but fail to claim their registration packet, will receive no refund. There will be no substitutions. 3. Cancellations due to a bona fide emergency (death or illness) shall be honored regardless of the date and a refund will be provided, less the \$25 processing charge. All requests for refunds must be sent in writing to Junior Civitan International, P. O. Box 130744, Birmingham, Alabama 35213-0744.

SEND REGISTRATION AND PAYMENT TO: Junior Civitan International · P. O. Box 130744 · Birmingham, Alabama 35213-0744