



Church/Organization Name:	
Address:	
Contact Name:	Phone:

WHITE OAK LODGING RESERVATION FORM

Worship Summit – August 20-21, 2010

Checks payable to: **SC Baptist Convention**
 Mail to: **Worship & Music Office, 190 Stoneridge Drive, Columbia, SC 29210**
 -or-
 Fax to **803.799.1044**

FOR FURTHER
 LODGING
 INFORMATION CALL

(800) 723-7242 OR
 (803) 765.0030 ext.
 2800

FAX
 (803) 799-1044

Lodging
 Motel Rooms:
 \$58.00 per room

Group House:
 \$20.50 per person
 (8 bunk beds in each
 room)

Meals:
 \$6.00 each

Payment Due With
 Registration Form

Refund Policy
 There will be NO
 refund on or after
 7/22/2010. To receive a
 full refund of the
 deposit amount per
 person, we must be
 notified by 6/21/2010.
 You will receive 1/2 the
 deposit amount per
 person if we are notified
 by 7/21/2010.

Please complete room assignments below. Duplicate as needed.

Room 1				
Circle if child age: 0-3 4-8 9-18	Circle if child age: 0-3 4-8 9-18	Circle if child age: 0-3 4-8 9-18	Circle if child age: 0-3 4-8 9-18	Circle if child age: 0-3 4-8 9-18
Room 2				
Circle if child age: 0-3 4-8 9-18	Circle if child age: 0-3 4-8 9-18	Circle if child age: 0-3 4-8 9-18	Circle if child age: 0-3 4-8 9-18	Circle if child age: 0-3 4-8 9-18
Room 3				
Circle if child age: 0-3 4-8 9-18	Circle if child age: 0-3 4-8 9-18	Circle if child age: 0-3 4-8 9-18	Circle if child age: 0-3 4-8 9-18	Circle if child age: 0-3 4-8 9-18

[] Payment included with my online or registration form

-OR COMPLETE INFORMATION BELOW-

LODGING at White Oak (1 night)

(1 Adult Chaperone of the same sex for 1-7 students)

Motel Room (per room - sleeps 1-5):

Couple/Family Rooms: ___ x \$58.00 ea. = \$ _____

Female Rooms: ___ x \$58.00 ea. = \$ _____

Male Rooms: ___ x \$58.00 ea. = \$ _____

Group House (per person - bunk beds):

Females: ___ x \$20.50 ea. = \$ _____

Males: ___ x \$20.50 ea. = \$ _____

Breakfast (per person):

Total Participants: ___ x \$6.00 ea. = \$ _____

Total: \$ _____

Total Amount of \$	is enclosed. Check #	or charge:
[] VISA	[] MasterCard	
Account Number:		
Expiration Date:	CVV2(last 3 digits on back):	
Signature:		

Notes/Special Needs:

For office use only

Received:

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