



2027 Worship & Music Group Addition/Cancellation Form



GROUP INFORMATION:

Confirmation #: _____

Name of Church: _____

Church Phone: _____

Name of Contact Person: _____

Contact Phone: _____

Where is your group staying for the conference? ☐ Montreat Conference Center Housing☐ Montreat College Dorm ☐ William Black Lodge ☐ South Carolina Inn ☐ Private Home ☐ Other/UnknownAttending: ☐ Week 1: June 20– 25☐ Week 2: June 27 – July 2

ADDITIONS TO GROUP REGISTRATION:

Registration Type:	Send by Jan 20	Send by Apr 20	After Apr 30
	Member/Non-Member	Member/Non-Member	Member/Non-Member
Adult	\$350/\$530	\$400/\$580	\$500/\$680
Sr High, Middler, Child	\$310	\$360	\$410
Chaperone / Supporting Adult	\$50	\$50	\$50

No. of people adding Adult registration (see member/ non-member rates above)	x	\$	=	\$
No. of people adding Sr High, Middler, Child registration (see rates above)	x	\$	=	\$
No. of people adding Chaperone registration (minimum of 1:6 ratio)	x	\$50	=	\$
No. of people adding t-shirts (Deadline 4/30)	x	\$25	=	\$
No. of people adding Art Workshop fee (if applicable)	x	\$15	=	\$
Total				= \$

Please complete page 2 for each person being added to the group registration.

PAYMENT METHOD:

☐ Enclosed is a check in the amount of \$_____ (payable to Presbyterian Association of Musicians) Check # _____☐ Please send invoice for the amount due. Invoice may be paid with a check or online using a credit card.

CANCELLATIONS OF REGISTRATION:

Name(s) of person(s) cancelling their registration _____

All but \$50 of in-person registration fee may be refunded up to **April 30**. On May 1 or later, no refunds will be issued without a doctor's note or changes occur on behalf of PAM or Montreat Conference Center that warrants altering the conference due to COVID-19.

SIGNATURE REQUIRED:

Contact Person Signature: _____ Date: _____

Return to Presbyterian Association of Musicians, c/o Travelink, 404 BNA Dr, Suite 650, Nashville, TN 37217 OR scan & email to pam@travelink.com. Form must be postmarked or emailed by Jan 20 to receive the early rate or received by April 30 to receive the regular rate.

REGISTRATION FORMInstructions: please complete this page for **EACH** additional registration.

Registration Type	☐ Adult Member ☐ Adult Non-Member ☐ Supporting Adult ☐ Senior High ☐ Middler ☐ Child Chaperone preference: ☐ Senior High ☐ Middler ☐ Child Chaperone preference: ☐ Morning ☐ Afternoon
Full Name	
First Name or Nickname for Badge	
Emergency Contact Name	
Emergency Contact Phone Number	
Email address	
Preferred phone number	
Age Bracket (circle one)	0-19 20-29 30-39 40-49 50-59 60-69 70+
Youth Only: Exiting grade in June 2027	☐ 6 TH ☐ 7 TH ☐ 8 TH ☐ 9 TH ☐ 10 TH ☐ 11 TH ☐ 12 TH
Pertinent Medical Information Is there anything we need to know about you to best include you in our community? (i.e. medical, mobility limitations, etc.)	
Racial/Ethnic Background	
Gender Identity & Preferred Pronouns	
Is this your first time attending the conference?	☐ Yes ☐ No
Bringing an instrument to participate in Instrumental Ensembles?	☐ Yes ☐ No
T-shirt size (if applicable) Order deadline: 4/30/27	Adult S-3XL: _____ Child XXS-XL: _____

Class Selections (in priority order)

Enter 2 to 3 choices, in order of preference, for each timeslot or enter Sabbath & Rest for times not attending class

Senior Highs: select classes for the 8 am, 1:30 pm, 3:30 pm, and 4:30 pm**Middlers:** select classes for the 8 am, 2:30 pm, 3:30 pm, and 4:30 pm **Children:** select class for 3:30 pm**Chaperones** should provide their class preferences for all morning and afternoon classesSee [Registration FAQs](#) for additional information.

8:00 am
9:00 am
10:00 am
1:30 pm
2:30 pm
3:30 pm
4:30 pm
Interest Sessions
Reading Sessions