



2026 Worship & Music Group Registration Form



Step 1: Group Information:

Address: _____

Name of Church: _____ City/State/Zip: _____

Name of Contact Person: _____ Contact Cell Phone: _____

Email Address: (required for confirmation): _____

Where is your group staying for the conference? ☐ Montreat Conference Center Housing

☐ Montreat College Dorm ☐ William Black Lodge ☐ South Carolina Inn ☐ Private Home ☐ Other/Unknown

Step 2: Which week are you registering? ☐ Week 1: June 21 – 26 ☐ Week 2: June 28 – July 3

Please note: [Lodging & meals](#) at Montreat are purchased separately from Worship & Music Conference registrations and are not coordinated by PAM. Please visit the Montreat websites for [Week 1](#) and [Week 2](#) information.

Step 3: Calculate your total conference charges (housing & meals not included):

Registration Type:	Early: Send by Jan 20	On-time: Send by Apr 20	Late: After Apr 30
	Member/Non-Member	Member/Non-Member	Member/Non-Member
Adult	\$340/\$520	\$390/\$570	\$500/\$680
Sr High, Middler, Child	\$300	\$350	\$400
Chaperone/Supporting Adult	\$50	\$50	\$50

No. of Adult Member registrations (see rates above)	x	\$	=	\$
No. of Adult Non-Member registrations (see rates above)				
No. of Sr High, Middler, Child registrations (see rates above)	x	\$	=	\$
No. of Chaperone registrations (minimum of 1:6, chaperone to child/youth)	x	\$50	=	\$
No. of Supporting Adult registrations	x	\$50		
No. of t-shirts (Deadline to order: 4/30/25)	x	\$20	=	\$
No. of Art Workshop fee(s) (if applicable)	x	\$15	=	\$
		Total	=	\$

Please complete page 2 for each person in the group registration.

Step 4: Select your 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.

Step 5: Signature required:

I have read the policy and FAQs on the conference website. I understand the registration procedure. I also understand that cancellations must be requested in writing by **April 30** to receive a refund less the \$50 processing fee. 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. Payments by check will be refunded after the conclusion of the conferences (by July 31).

Contact Person Signature: _____ Date: _____

REGISTRATION FORM

Instructions: please complete this page for **EACH** member of the group.

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 2026	☐ 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: 4/30/26	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 chaperoning all morning and/or afternoon classes

See [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