

MONTREAT LOCATION INFORMATION

(Please Print)

Name _____
Last First MI

Church _____

City _____ State _____ Cell Phone(_____) _____

Lodging Location While at Montreat _____

Emergency Contact _____

Emergency Contact Phone Number(s) _____

Select the week(s) you are at the PAM Worship and Music Conference: Week 1

Week 2

Select one of the following:

- | | | |
|--|---|-------------------------------|
| <input type="radio"/> Adult registered | <input type="radio"/> Child registered | <input type="radio"/> Faculty |
| <input type="radio"/> Chaperone | <input type="radio"/> Middler registered | <input type="radio"/> Other |
| <input type="radio"/> Supporting Adult | <input type="radio"/> Sr. High registered | |

Arrival Date _____ Departure Date _____

Permission to Photograph

By participating in a program or attending a PAM event at Montreat Conference Center, your image, name, and voice, as well as any presentation, speech, or written document submitted by you may be used, reproduced, and/or modified for use as publicity in a variety of media including, but not limited to, print, video, photographic, television and radio broadcasts, and sound recordings, all of which may be available on the Internet. If you have questions or concerns, please contact the PAM office, 502-569-5288 or email pam@pcusa.org.

Pertinent Medical Information

List pertinent medical information pertaining to you (adult)/your child's health which would help in the time of emergency: allergies; dietary restrictions, ongoing medical problems such as asthma, diabetes, heart conditions, seizure disorders, fainting spells; and medications currently taking. Use the back if necessary.

Please bring this form with you when you arrive at Montreat Conference Center and turn it in to PAM when you pick up your name badge. This form is required for all conferees.