

**Pre-Registration DEADLINE June 24  
Friday Shabbat Meal FREE**

**Echad  
PRE-Registration Form**

PLEASE PRINT

**List of Names of Adults (ages 5 & up registering with you)**

Self: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Are you a Rabbi or Pastor?: \_\_\_\_\_ Title: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Child: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Child: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Child: \_\_\_\_\_ Birth date: \_\_\_\_\_

Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
**COMPLETE** Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Child: \_\_\_\_\_ Birth date: \_\_\_\_\_

- Is this a \_\_\_\_\_ new membership or a \_\_\_\_\_ renewal? **IFMJ Membership: Single: \$40 \_\_\_\_\_ Couple/Family: \$50 \_\_\_\_\_**
- How did you learn of this Conference? \_\_\_\_\_

**Registration (Ages 5 & up) \* First child pays for full child conference ~ plus \$5.00 for each additional child\***

Events	Members / Non-Members	No. People	For No. Days	Total
Friday Night Shabbat Meal	\$50.00 / \$50.00	_____	N/A	\$ FREE
Friday Night Shabbat Meal Child	\$25.00 ( 5-11) / \$25.00 ( 5-11)	_____	N/A	\$ FREE
Adult Full Conference	\$120.00 / \$175.00	_____	N/A	\$ _____
Child Full Conference	\$15.00 + \$5.00 / \$25.00 + \$5.00	_____	N/A	\$ _____
Ea Day: 9:00am - 11:30pm Adult	\$ 67.00 / \$ 94.00	_____	_____	\$ _____
Ea Day: 9:00am - 11:30pm Child	\$10.00 + \$5.00 / \$15.00 + \$5.00	_____	_____	\$ _____
Half Day: 9:00am - Dinner Adult	\$ 35.00 / \$ 47.00	_____	_____	\$ _____
Half Day: 9:00am - Dinner Child	\$ 5.00 + \$5.00 / \$ 7.50 + \$5.00	_____	_____	\$ _____
Night Events: 7:00pm-11:30pm Adult	\$ 25.00 / \$ 25.00	_____	_____	\$ _____
Night Events: 7:00pm-11:30pm Child	\$ 5.00 / \$ 5.00	_____	_____	\$ _____
Dance Workshop	\$ 10.00 / \$ 10.00	_____	_____	\$ _____
<b>Registration Total:</b>	<b>\$ _____</b>			

**SPECIAL NOTE :** Hotel & Room #: \_\_\_\_\_  
**When children are not in their class, they MUST be under Parental supervision at ALL TIMES! No Exceptions!**

**New & Renewal Membership Total:** \$ \_\_\_\_\_  
**Grand Total:** \$ \_\_\_\_\_

**STATEMENT OF FAITH**

I believe with complete faith in the coming of the Messiah, and even though He may tarry, I look forward every day to His coming. I have made a public confession of faith in Messiah Yeshua. I have accepted Him personally as my Lord and my Savior. I believe in His deity. His atonement for sin and His resurrection from the dead. I accept the Scriptures (Old and New Covenants) as the supreme rule of Faith and Life. In applying for Membership to the IFMJ, I affirm my adherence to the above Statement of Faith. I also affirm that all the information represented on this form is truthful and accurate to the best of my knowledge. Signatures: \_\_\_\_\_

**RELEASE OF LIABILITY**

On my own behalf and on behalf of all children in my custody or under my care and supervision while attending this Echad Conference, I agree to assume all risk of accident or injury during the event and agree that any such risk is not the responsibility of the IFMJ, its members, its directors, its affiliated organizations, The Clarion / Orlando International Airport Hotel and Conference Center of Orlando, Florida. I further agree that the IFMJ, will be held harmless and released from all liability associated with or arising out of the operation of the foresaid event. I further agree that the IFMJ will not be responsible for any claim, including, but not necessarily limited to, any and all claims associated with failure to provide adequate supervision or security, maintenance, conditions of the premises, or any other negligence-based claims whatsoever.

**MEDICAL RELEASE**

During this Echad Conference hosted by the IFMJ, I hereby agree in regards to the below listed minors, over whom I have custody and control, that the International Federation of Messianic Jews, its members, directors, affiliated organizations, employees, servants, The Clarion / Orlando International Airport Hotel and Conference Center of Orlando, Florida, shall not be responsible for administering any medical treatment or care to such minors but the providing of medical treatment or care shall remain my exclusive responsibility.

I further agree to hold harmless the IFMJ, its members, directors, affiliated organizations, employees, and servants from any claim associated with the failure to provide necessary medical treatment or care.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

**IFMJ USE ONLY**

Hotel and Room Number: \_\_\_\_\_ All Signature spaces Signed? \_\_\_\_\_ All Blanks Filled In? \_\_\_\_\_