



Georgia Baptist  
Conference of the  
**DEAF**

# ANNUAL CONFERENCE

March 15-17, 2024



# HOPE

## Registration Packet for GBCD Statewide Conference March 15-17, 2024

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# Georgia Baptist Conference of the Deaf

## 2024 Statewide Conference

### March 15-17, 2024



Tabernacle Baptist Church, 6611 Zebulon Road, Macon GA 31220

### REGISTRATION FOR INDIVIDUAL ADULT or FAMILY

Name: \_\_\_\_\_ (individual or head of family name)

\_\_\_ Deaf \_\_\_ Hard of Hearing \_\_\_ Blind/Visually Impaired \_\_\_ Hearing \_\_\_ Interpreter

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

How many registering in family? Adults (age 18 & up): \_\_\_ Youth (12-17) \_\_\_ Children (0-11): \_\_\_

Adult Name: \_\_\_\_\_ M \_\_\_ F \_\_\_

\_\_\_ Deaf \_\_\_ Hard of Hearing \_\_\_ Blind/Visually Impaired \_\_\_ Hearing \_\_\_ Interpreter

Adult Name: \_\_\_\_\_ M \_\_\_ F \_\_\_

\_\_\_ Deaf \_\_\_ Hard of Hearing \_\_\_ Blind/Visually Impaired \_\_\_ Hearing \_\_\_ Interpreter

Teen/Child 1: Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ Deaf \_\_\_ Hard of Hearing \_\_\_ Hearing \_\_\_ Blind/Visually Impaired \_\_\_ Other: \_\_\_\_\_

Teen/Child 2: Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ Deaf \_\_\_ Hard of Hearing \_\_\_ Hearing \_\_\_ Blind/Visually Impaired \_\_\_ Other: \_\_\_\_\_

Teen/Child 3: Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ Deaf \_\_\_ Hard of Hearing \_\_\_ Hearing \_\_\_ Blind/Visually Impaired \_\_\_ Other: \_\_\_\_\_

Teen/Child 4: Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ Deaf \_\_\_ Hard of Hearing \_\_\_ Hearing \_\_\_ Blind/Visually Impaired \_\_\_ Other: \_\_\_\_\_

Add more names as needed on additional paper.

**\*\* We must receive a signed MEDICAL release for each family member. \*\***  
**Photo release is also requested but not required.**

Your Church Name \_\_\_\_\_

Church Address: \_\_\_\_\_

Are any adults a Messenger\*?  Yes

\*A **Messenger** is an approved representative (18 and older) from your SBC church. You participate in the business meeting, vote on business, and can become an officer.

\*\* **Messenger card** included with this registration packet.

Bring it to the conference signed by the pastor or church leader of deaf ministry.

**NOTE**

- Lodging is on your own. Information on next page.
- All adults and children are required to give full information on this form or online.
- Payment must be with registration.

**Request for disability or dietary accommodations:**

Individual’s name(s): \_\_\_\_\_

Accommodation or Special Diet need: \_\_\_\_\_

Individual’s name(s): \_\_\_\_\_

Accommodation or Special Diet need: \_\_\_\_\_

\*\*Add more as needed on additional paper.

**REGISTRATION COST – *Low cost and a great event for the whole family !!***

Adults (ages 18 and up) Early bird until Jan. 31\* ..... **\$40** per adult  
 After Jan. 31, 2024 ..... \$50 per adult

Children & Teens (age 3 to age 17) Early bird until Jan. 31 ..... **\$20** per child  
 After Jan. 31, 2024 ..... \$25 per child

Children under 3 – No charge

Family maximum: Early bird until Jan. 31 ..... **\$100** per family  
 After Jan. 31, 2024 ..... \$125 per family

\*Early Bird registration and payment must be received by Jan. 31, 2024.

\*There is no separate registration for one day only. The conference cost is already cut to the lowest possible fee.

**PAYMENT**

\_\_\_\_ (number of) adults x \$ \_\_\_\_ each = \$ \_\_\_\_\_

\_\_\_\_ (number of) children/youth x \$ \_\_\_\_ each = \$ \_\_\_\_\_

\_\_\_\_ Family Maximum: \_\_\_\_ adults & \_\_\_\_ children/youth \$ \_\_\_\_\_

TOTAL AMOUNT PAID: \$ \_\_\_\_\_

Make check/money order payable to: **GBCD**

Send registration & payment to: Karen Green, GBCD secretary  
2776 Biscayne Drive, Conyers, GA 30012

Find more information on Facebook [@GBCDeaf](#) or at [www.gbcdeaf.org](http://www.gbcdeaf.org)

or contact: Karen Green at [karenhgreen@gmail.com](mailto:karenhgreen@gmail.com)  
404-510-8354 v/text or VP 678-710-8723

## HOTEL & CAMPING INFORMATION

### Special rate hotels

#### Comfort Suites

Address: 120 Plantation Inn Drive, Macon GA 31210  
1.3 miles from church

Phone: 478-314-5130 for reservations

Rate: \$129.00 plus tax per room per night

Either double room or king room

Free continental breakfast.

This special room rate expires after Feb. 15, 2024.

There are a limited number of rooms available at this rate.

Link: <https://www.choicehotels.com/reservations/groups/BB65S9>

Ask for "GAMEET" GBCD block of rooms

CANCELLATION: You must cancel at least 48 hours ahead or lose your money.



#### Holiday Inn Express & Suites Macon West

Address: 4970 Harrison Road, Macon GA 31206  
7 miles from church

Phone: 478 (478) 370-2145 for reservations

Rate: \$109.00 plus tax per room per night

Either double room or king room

Free continental breakfast.

This special rate expires after Feb. 15, 2024.

Ask for "Georgia Baptist Conference of the Deaf" rate.

There are a limited number of rooms available at this rate.

CANCELLATION: You must cancel at least 48 hours ahead or lose your money.

*\*There are several more hotels in the area. You can check them on your own.*

### **CAMPING** near Tabernacle Baptist Church (some suggestions; more available)

Claystone Park, 6600 Moseley Dixon Rd, Lizella, GA 31052

5 miles from church; 4.5 stars rating

On Lake Tobesofkee

Arrowhead Campground, Arrowhead Dr, Lizella, GA 31052

10 miles from church; 4.4 stars rating

On Lake Tobesofkee

The Shrine Park, 222 Shrine Park Drive, Macon, GA 31216

11 miles from church; 4.3 stars rating

Lake Tobesofkee Recreation Area, 6600 Moseley Dixon Rd, Lizella, GA 31052

5 miles from church; 4.5 stars rating

# DRAFT

## GBCD 2024 Statewide Conference Overall Schedule

### Friday Afternoon/Evening

2:00 – 6:00	Registration open & exhibits open
5:30 – 7:00	Dinner
7:30 – 9:15	Worship Children's program (birth to age 11)
9:15	Fellowship & Interpreter Social

### Saturday Morning

8:00 AM	Registration open
8:30 – 12:00	Children's program & youth program begin Adults: workshops & general session
12:00 PM	Lunch ( <i>parents pick up children</i> )

### Saturday Afternoon

1:30 – 5:00	Children to children's classes, youth in youth program Adults: workshops & panel discussion
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### Saturday Evening

5:30 PM	Dinner
7:15 – 9:00	Worship ( <i>adults and youth</i> ) Children in children's program

### Sunday Morning

8:30 – 12:00	Children's program
8:30 – 12:00	Worship and Bible study/workshops
12:00 PM	Adjourned

# Messenger Card 2024\*

## Georgia Baptist Conference of the Deaf

Individual's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Is an active member of \_\_\_\_\_ (Church name)

at \_\_\_\_\_  
Church Address City Zip Code

Name of Association \_\_\_\_\_  
Association City (office)

Has been approved as a messenger to GBCD and is a \_\_\_\_\_  
(Your role - example: Teacher, Deacon, Deaf Ministry worker)

Pastor or Leader Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_  
Position (EX: Pastor, Deaf Ministry Leader, etc.)

*\*Make extra copies as needed.*

## How Do I Become A Messenger?

To be a messenger, you must be a member of a Southern Baptist church (SBC) in the state of Georgia. A messenger is a person who can participate in the GBCD business meeting. A messenger can ask questions and vote during the business meeting. He or she can also be chosen to become an officer for the next year. You must be approved by your church to be a messenger.

### Before You Come

Step 1: You must be a member of a Southern Baptist church in Georgia to participate in GBCD business meetings.

Step 2: Fill out the messenger card below.

Step 3: Give the filled-out messenger card to your pastor or church for approval and signing the card.

### At GBCD:

Step 1: Bring your signed Messenger Card with you to GBCD.

Step 2: At the conference, find the Credentials Committee and exchange your Messenger Card for a pink voting card before the Business Meeting.

Step 3: Bring the pink voting card to the business meeting.

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### If you are not a messenger, you are recognized as a member or visitor.

**A member** is a conference attendee (age 18 and up) who is a member of a Southern Baptist church (SBC) in the state of Georgia. A member can participate in all the GBCD activities and attend the business meeting. A member is not a messenger because he/she was not selected and approved by his or her church, and he/she cannot vote in the business meeting or become an officer for the next year.

**A visitor** is not a member of a Southern Baptist church (SBC) in Georgia. They can attend all the GBCD activities, but they cannot vote on or discuss issues during the GBCD business meeting. They cannot be chosen as an officer.

**Georgia Baptist Conference of the Deaf**  
**Held on March 13-15, 2024**  
2024 Medical and Photo Release (all ages)

Participant's Name \_\_\_\_\_ (Birthdate-Mo/Day/Yr)\_\_\_\_\_

Mailing Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Cell #\_\_\_\_\_ Home/VP#\_\_\_\_\_ E-mail\_\_\_\_\_

**Please supply ALL of the following information. Please do not omit any information and supply information on separate sheet if additional space is needed.**

Physical Conditions (asthma, diabetes, etc.)\_\_\_\_\_

Allergies\_\_\_\_\_

Current Medications\_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_/VP \_\_\_/Text \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_/VP \_\_\_/Text \_\_\_\_\_

**MEDICAL RELEASE:** I hereby consent to my participation or my child's participation in the above event and other events or scheduled activities either at or sponsored by Georgia Baptist Conference of the Deaf and agree to assume all the risks related to such participation. I understand that participation in athletic activities sponsored by Georgia Baptist Conference of the Deaf involves the risk of injury.

I authorize a representative of Georgia Baptist Conference of the Deaf to contact medical personnel in case of a medical emergency involving me and/or my child. I hereby give permission to medical personnel to perform x-rays, tests, or perform or provide other medical treatment deemed necessary or desirable for my care or my child's care. I give permission for administration of medication, injections and/or anesthesia and/or surgery if deemed necessary or desirable by medical personnel for my care or my child's care. I also authorize the release of the above information to assist with their decisions for my care or my child's care. I release, hold harmless, and covenant not to sue, Georgia Baptist Conference of the Deaf, its agents, and employees from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury or associated medical care administered to me or my child during and/or relating to or arising out of participation in this event or other events and activities either at or sponsored by Georgia Baptist Conference of the Deaf.

I have carefully read and I understand the forgoing release. I have the full right and power to enter into this release and I sign this release on my own free act. I understand that this is a legally binding agreement upon both me and (if applicable) my child.

Adult/Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE:** I give permission for myself and/or my child to be photographed or videoed during the above event and other events and activities either at or sponsored by Georgia Baptist Conference of the Deaf. I also grant permission to publish and/or share my/the child's name, picture, portrait and/or photograph in all forms and media and in all manners, for display, publication, advertising, promotions, websites and any other lawful purposes, taken of children & adults during this event, on the web site and/or other Georgia Baptist Conference of the Deaf publications/media. I waive any right that I may have to inspect and/or approve the finished product(s) and I release, hold harmless, and covenant not to sue, Georgia Baptist Conference of the Deaf its agents and employees from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to me and/or my child related to the publication and/or sharing of the name, picture, portrait and /or photograph.

Adult/Participant Signature \_\_\_\_\_ Date \_\_\_\_\_