

REGISTRATION FORM  
Labor Day Conference



Below is the registration form you may use to register for this weekend. We will be confirming each registration by mail or e-mail so please complete all information in order for us to contact you. We are prayerfully working to finalize all of the details for this weekend. Our hope is that you will be abundantly blessed in the fellowship and Bible teaching during this event! The special guest speaker is Joel Bishop.

Registration Deadline is August 25, 2019. There is a non-refundable registration fee of \$25.00/\$35.00 for a married couple. For 1st child add \$10.00, for a married couple with 2 or more children the family fee is \$50.00. All fees must be included with this registration form. To reserve a room at the Whitewater Motel, please contact Alan Lennox directly at (505) 249-8795. We will take reservations by telephone only and ask that guests cover the added expense with the suggested donation amount. Suggested donation amounts will range from \$50, \$60 or \$75 per night based upon selected room and occupancy. Make all checks payable to "SWBC". To help with the expenses of this weekend, a freewill offering will be available Sunday morning. For additional information, please visit our website [www.southwestbiblecamp.com](http://www.southwestbiblecamp.com). We will confirm each registration by mail or e-mail so please complete all information requested below.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email (print legibly) \_\_\_\_\_

Yes, please confirm my registration by email!

Anticipated date/time of arrival \_\_\_\_\_

Anticipated date/time of departure \_\_\_\_\_

Accommodations:  Camp Facility  RV Park  Motel (Make your own reservations)

Double T Homestead (575) 539-2812

D and D's Organic Haven (575) 539-2483      Los Olmos Guest Ranch (575) 539-2224

If you will be accompanied by *family members*, please list them below:

*(Non-family members please register on a separate form)*

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Mail completed form to: SWBC Registrar, 8005 Kathryn Ave. SE, Albuquerque, New Mexico 87108