

42nd Mid-Atlantic Christadelphian Bible School Registration Form

July 1 – July 8, 2023

One form per family. Duplicate or download from the MACBS website extra forms if needed. Please type or print legibly.

Bible School Rates (US funds)

Street Address _____

Adult \$615
 12 -19 Yrs. \$510
 3- 11 Yrs. \$305
 0-2 Yrs. \$ 35

City State/Province/Country Zip/Postal Code

Telephone: (____) _____ Email address for confirmation: _____

Ecclesia: _____ 1st Time at this School? Yes No

* If residing elsewhere and attending classes on a daily basis, an activity fee of \$25 (1st day) & \$15 (each succeeding day) is required, meals are extra (see Registrar at school).

All requested information is necessary to confirm your registration.

Names: (As desired on name tag):		Age on	Grade	Sex	Baptized	Requested Roommate or	Sponsor (if other
Last	First	7/1/23	Fall 23	M/F	Yes/No	Suite Mates	than parents)

Roommate preferences are accommodated whenever possible with those registering early getting first consideration. Requests received after May 15 may be too late to consider. In submitting this registration, we acknowledge that all members of our family and any minors for which we are serving as sponsors will be aware of and will abide by the MACBS and University rules while at the Bible School.

*Please note any serious medical problems by checking here and explaining on page two of this form: _____
 **If your child has any special needs or learning disabilities, please check here and explain on page two of this form: _____

Balance due on first Saturday, July 1.

*Individuals under 18 must be accompanied by an adult sponsor over 25.

<p>Make Checks payable to: MACBS.</p> <p>NOTE: <u>NO DEPOSIT THIS YEAR</u></p> <p>Online registration: www.midatlanticbibleschool.org</p>	<p>Registrations and general information requests should be mailed to:</p> <p style="text-align: center;">MACBS PO Box 131 Mansfield, PA 16933 (918) 694-4160</p> <p>E-mail: (Information only) macbs@live.com</p>
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Please check correct statement: Lord willing,

- I (we) will be attending on a full-time basis.
- I (we) will be attending as weekend or part-time students. Please provide arrival and departure dates and meals required on page 2 of form.
- I (we) will attend full-time but will leave prior to the last Saturday lunch.

(See Additional Information on page 2)

Our opportunity to Serve

Let us not grow weary in well doing, for in due season we shall reap, if we do not lose heart. So then, as we have opportunity, let us do good to all men, and especially to those who are of the household of faith.

- Please list the first name of the person willing to serve in the blanks:
- | | |
|---|---------------------------|
| _____ Organists/Pianists | _____ Equipment Moving |
| _____ Recording Assistance | _____ Teen Devotions |
| _____ Family of God Leader | _____ Teen President |
| _____ Night Patrol Volunteer | _____ Daily News Bulletin |
| _____ *Youth Program Teacher | _____ President |
| _____ Youth Program Morning Helper | _____ Bookstore Helper |
| _____ Youth Program Evening Helper | _____ Adult Sports |
| _____ Youth Program Sports Helper | |
| _____ I will serve where help is needed | |
| _____ Other: _____ | |
- *Especially needed volunteers

2023 MEDICAL PERMISSION FORM FOR YOUTH ATTENDING WITH A SPONSOR
 (REQUIRED IF YOUR CHILD IS ATTENDING WITH A SPONSOR)

I, the undersigned, as the parent/legal guardian of _____

do hereby give my permission to _____ to authorize any first aid or
 (Sponsor's name)

medical care deemed necessary for the above-named youth in case of a medical emergency during the week of the 2023
 Mid-Atlantic Christadelphian Bible School.

Parent/legal guardian (please print name) _____

Signature: _____ Date _____

**Please give a copy of your medical insurance card and a copy of the Medical Permission Form to
 the Sponsor to carry with them!!**

SPECIAL NEEDS:
 Please explain any medical problems, special needs, or learning disabilities here:

2023 PART TIME STUDENTS (please check desired meals and lodging needs).

Rates shown are for 12 & over	1 ST SAT	SUN	MON	TUES	WED	THURS	FRI	2 ND SAT
BREAKFAST \$8.00	XXXX							
LUNCH \$11.00	XXXX							
DINNER \$12.00								XXXX
LODGING \$55.00								XXXX

FAMILY E-MAIL/TELEPHONE INFORMATION FOR ADDRESS LIST / EMERGENCIES
 (Print or type legibly)

Name	E-Mail Address	Preferred Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____