

What I Need to Know About the Registration Forms!

Thank you for requesting an information packet for the Strength to Stand Conference. We want to make your registration process as simple as possible. Below is the 4-1-1 on what forms you need to turn into the STS office and a run down on the forms we have provided for you to promote the conference to your group.

Turn these forms into the Strength to Stand Office:

- Group Leader Agreement
- Room Sign-up Sheet (if applicable)
- Summary Registration Form
- Tentative Schedule (January attendees only) – at the bottom of the form you can pick your schedule – cut off the portion and mail it in with your registration.
- Hotel Form – choose your top three hotel choices
- Special Needs Information Sheet – if you have a student with special needs, please send this sheet to the STS office so we can make any necessary arrangements for your group.

S u m m a r y R e g i s t r a t i o n F o r m

I am registering for (circle one): **December** **January**

Church: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Church Phone: (____) _____

Leader: _____ Leader's E-Mail Address: _____

Leader's Mobile Phone: (____) _____

Mail Correspondence to: Leader Church (circle one)

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Basic housing:

persons	price per room	# of rooms	total	total (if discount applies)
4	x \$129 per person	x _____	=\$ _____	\$ _____
3	x \$139 per person	x _____	=\$ _____	\$ _____
2	x \$159 per person	x _____	=\$ _____	\$ _____

Standard housing:

persons	price per room	# of rooms	total	total (if discount applies)
4	x \$149 per person	x _____	=\$ _____	\$ _____
3	x \$159 per person	x _____	=\$ _____	\$ _____
2	x \$179 per person	x _____	=\$ _____	\$ _____

Deluxe housing:

persons	price per room	# of rooms	total	total
4	x \$174 per person	x _____	=\$ _____	\$ _____
3	x \$204 per person	x _____	=\$ _____	\$ _____
2	x \$244 per person	x _____	=\$ _____	\$ _____

Total Number Attending: _____ Enclosed: \$ _____

Persons not staying at the hotel: _____ x \$89.00 per person = \$ _____

You may reserve spots at the conference by paying a non-refundable deposit of \$50 per person, however, you must be paid in full by October 13, 2021 (DEC) or October 25, 2021 (JAN) to receive the \$10 per person discount.

FORM OF PAYMENT: (please check one)

____ Check/Money Order for \$ _____

____ Discover/ ____ VISA/ ____ American Express/ ____ MasterCard

Card # _____

CSC# _____ Expiration Date _____

Signature on Card

Address of Cardholder:

For office use only:

Page____of____

Group #_____

R o o m S i g n - u p s h e e t

Leader: _____

Church: _____

City: _____ State: _____

Males				Females			
Room #1	Name	Grade	C/S	Room #1	Name	Grade	C/S
1.	_____			1.	_____		
2.	_____			2.	_____		
3.	_____			3.	_____		
4.	_____			4.	_____		

Room #2	Name	Grade	C/S	Room #2	Name	Grade	C/S
1.	_____			1.	_____		
2.	_____			2.	_____		
3.	_____			3.	_____		
4.	_____			4.	_____		

Room #3	Name	Grade	C/S	Room #3	Name	Grade	C/S
1.	_____			1.	_____		
2.	_____			2.	_____		
3.	_____			3.	_____		
4.	_____			4.	_____		

Room #4	Name	Grade	C/S	Room #4	Name	Grade	C/S
1.	_____			1.	_____		
2.	_____			2.	_____		
3.	_____			3.	_____		
4.	_____			4.	_____		

@ LeConte Convention Center
in Pigeon Forge, TN
December 28-30, 2021

t e n t a t i v e s c h e d u l e

Tuesday, December 28, 2021

2:00-4:00 PM	Registration
5:00 PM	Free Time
7:00 PM	Worship/Concert
9:00 PM	FREE TIME
11:30 PM	**Church Time
12:00 AM	Lights Out

Wednesday, December 29, 2021

8:30 AM	*Personal Devotion
9:30 AM	Worship
11:00 AM	FREE TIME
7:00 PM	Worship/Concert
11:00 PM	**Church Time
12:00 AM	Lights Out

Thursday, December 30, 2021

8:30 AM	*Personal Devotion
9:30 AM	Worship
11:00 AM	Depart for Home

*SDEA will provide devotions in student handbook

**Church Time is designed for your group to gather and share. God will move in your group during the conference, so take advantage of this time by sharing laughs, tears, prayers and experiences together. You choose the location and setting that best suits your group.

@ LeConte Convention Center
in the Smoky Mountains of Tennessee
December 28-30, 2021

H o u s i n g F o r m

Please select your top three choices for lodging during the Strength to Stand Student Bible Conference in December. We will try to accommodate your requests, but we cannot guarantee first choice placement. Hotels are filled upon a first come, first serve basis.

*Most of our hotels include a continental breakfast.

Basic Housing	Standard Housing	Deluxe Housing
Quality Inn Dollywood Lane	All Season Suites	Music Road Hotel
	Comfort Inn Dollywood Lane	The Lodge at Five Oaks
	Quality Inn Pigeon Forge (formerly Shular Inn)	Willowbrook Lodge

@ LeConte Convention Center
in the Smoky Mountains of Tennessee
January 15-17, 2022

TENTATIVE SCHEDULE

Alpha Session

Saturday, January 15, 2022

6:00 PM – **Session I**
8:00 PM – Free Time
11:00 PM – Church Time
12:00 AM – Lights Out!

Sunday, January 16, 2022

7:30 AM – Personal Devotion
8:30 AM – **Session II**
10:00 AM – Free Time
7:00 PM – **Session III**
10:00 PM – Free Time
11:00 PM – Church Time
12:00 AM – Lights Out!

Monday, January 17, 2022

7:30 AM – Personal Devotion
8:30 AM – **Session IV**
10:00 AM – Head for home – See you next year!

Omega Session

Saturday, January 15, 2022

9:00 PM – **Session I**
11:00 PM – Free Time
11:30 PM – Church Time
12:00 AM – Lights Out!

Sunday, January 16, 2022

9:00 AM – Personal Devotion
11:00 AM – **Session II**
12:30 PM – Free Time
7:00 PM – **Session III**
10:00 PM – Free Time
11:00 PM – Church Time
12:00 AM – Lights Out!

Monday, January 17, 2022

9:00 AM – Personal Devotion
11:00 AM – **Session IV**
12:30 – Head for home – See you next year!

P i c k Y o u r T r a c k

If AT ALL possible, our group would like to be in the **Alpha / Omega** session.

Please choose your session. Sorry, no guarantees.

This is a tentative schedule – your final schedule will be given to you within 2 weeks of the conference. All times are subject to change.

@ LeConte Convention Center
in the Smoky Mountains of Tennessee
January 15-17, 2022

H o u s i n g F o r m

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*Most of our hotels include a continental breakfast.

Basic Housing	Standard Housing	Deluxe Housing
All Season Suites	Black Fox Lodge	Dollywood's DreamMore Resort
Best Western Plaza Inn	Country Cascades	The Inn at Christmas Place
Best Western Toni Inn	Fairfield Inn and Suites	River Lodge Suites at Wilderness at the Smokies
Comfort Inn Dollywood Lane	Hampton Inn and Suites	Riverstone Resort and Spa
Creekstone Inn	Holiday Inn and Suites Convention Center	The Summit at Country Cascades
Econolodge Riverside	Holiday Inn Express – Sevierville	Wilderness Lodge
Oaktree Lodge	LaQuinta Inn and Suites – Pigeon Forge	
Quality Inn Dollywood Lane	The Lodge at Five Oaks	
Quality Inn Pigeon Forge (formerly Shular Inn)	Main Stay Suites	
Ramada Inn North	Spring Hill Suites	
	Willowbrook Lodge	

SPECIAL NEEDS INFORMATION

Attention Group Leader: The purpose of this section is (1) to enable you to notify STS of individuals in your group who have special needs and (2) to communicate to group leaders about what STS is able to do to accommodate those with special needs, particularly disabilities under the Americans with Disabilities Act (ADA).

It is our desire to host all people with excellence, including those with special needs. This will not be possible without the help of the group leader. Please provide notification at least 45 days prior to the first day of your conference in order to allow us enough time to accommodate the individual's need. Please mail, email or fax this form to the STS office. If you have questions, you may contact us at 800.869.8738. When we receive notification of your special need request, you will be contacted by a person in our office to begin the process of preparing to accommodate the need.

Information about the individual with the special need:

Church: _____

City/State: _____

Youth Minister: _____

Conference Dates: _____

Youth Minister Contact Information:

Email: _____ Phone: _____

Name of Individual with Disability: _____

Gender: M / F Age: _____

Please check the appropriate box to indicate the type of special need of the individual:

_____ Deaf or Hard of Hearing (proceed to page 2: Deaf/Hard of Hearing Section)

_____ Physical Disability requiring wheel-chair access (proceed to page 3)

_____ Blind

_____ Other Disability (please be specific in the space below)

Comments:

SPECIAL NEEDS INFORMATION SHEET DEAF OR HARD OF HEARING STUDENTS

STS will do the following to host individuals who are deaf or hard of hearing:

- Reserved seating for the individual and a couple of his/her friends.
(We cannot guarantee reserved seating for the entire group.)
- Strategic placement of reserved seating to allow for good sight lines to video screens and the stage.
- Space for interpreter, as well as accommodation of needs of interpreter (lighting, podium, etc.) during large group gatherings including worship and concerts.
- Assistance with provision of interpreters during large group gatherings including worship and concerts.

The group leader will be responsible for the following:

- Prior to the event, all communication with STS, including special requests, needs to be made by the group leader.
- During the event, all requests must be made by the Group Leader TO the Conference Director.
- STS may require the individual and special helps (interpreters, etc) to be in place 15 minutes before doors open to the large group session to ensure that reasonable accommodations will take place.
- Assistance with provision of interpreters during large group gatherings including worship and concerts.

Information about the individual with the special need:

Church: _____

City/State: _____

Youth Minister: _____

Conference Dates: _____

Name: _____ Gender: M / F Age: _____

Please describe the extent of the hearing disability in the space below:

Please indicate the helps you are requesting STS to provide:

_____ Reserved Seating

_____ Interpreter (STS will secure an interpreter. Please make this request at least 45 days prior to the first day of your conference).

_____ Other (explain below):

SPECIAL NEEDS INFORMATION SHEET
SPECIAL NEEDS OTHER THAN DEAF/HARD OF HEARING

Information about the individual with the special need:

Church: _____ City/State: _____

Youth Minister: _____

Conference Dates: _____

Name of individual with disability:

Gender: M / F Age: _____

Please describe the extent of the disability/special need:

Please describe your special need request:

Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Group Leader Name (Authorized Agent): _____

It is the desire of STS to reach the world one by one. During events this best happens through a solid partnership with the local church to help create a meaningful and safe experience. The following responsibilities are asked and required from each attending group's leadership:

- **I understand the responsibilities of the Strength to Stand Conferences are only to provide programming for the conference.**

- **I am responsible for the Spiritual guidance of all individuals in our group.**

This includes, but is not limited to, counseling students and adults concerning spiritual decisions in corporate gatherings, quiet time, church group time, as well as other opportunities throughout the event.

- **I am responsible for discipline, supervision and leadership of individuals in our group.**

This includes, but is not limited to, in the lodging, during corporate gatherings, during scheduled events and throughout free time.

- **I understand that any damages incurred on campus due to actions from members of our group will be the sole responsibility of that individual or the church/group that they are attending with.**

- **I understand that all decisions regarding medical needs of individuals under my supervision are the sole responsibility of our adult leadership and me.**

This includes, but is not limited to, decisions about medical/injury treatment, collecting and maintaining copies of medical release forms, medical history or attendees' medical insurance information, transportation to medical facilities if needed and communication with parents or guardians regarding any medical needs of attendees.

- **I am responsible for a child protection policy.**

This may necessitate conducting background checks on the adult leaders you bring, as well as establishing guidelines and policies that ensure safety of the students you to bring the conference.

- **I understand that I am responsible for the arrival and departure of all of my students. If parents are picking up a student early, they will make arrangements through me and I will communicate with them regarding any attendee's departure from a STS event.**

- **I also understand and agree to abide by the refund policy and the cost of attendance requirements.**

- **I understand that I am responsible to uphold the event guidelines that STS and the conference location have set that will be communicated to each student and adult at STS events.**

This includes, but is not limited to, dress standards, attendance, lights out, guys and girls being in the appropriate rooms, no alcohol, tobacco, drugs, weapons or fireworks.

In the event of an accident or injury to a participant at STS events, the STS staff will not make any recommendations or decisions regarding medical treatment or diagnose illnesses or injuries. Our staff may provide basic first aid but will never provide medication of any kind. All medical decisions are reserved for the authorized agent (group leader) of the church. We strongly urge that medical attention be sought for any injury occurring during at a STS event.

I understand my responsibilities as the authorized agent of my church and I will properly train, educate and inform each of my adult leaders to help our group carry out our assigned tasks and expectations.

Signature: _____

Print Name: _____

Church: _____

Date: _____