

**CROSSROADS WORLDWIDE
WINTER CONFERENCE
2009**

**COLLEGE/
YOUNG ADULT**

**JANUARY 16-18, 2009
THE EDGEWATER HOTEL
GATLINBURG, TN**





GENERAL INFORMATION

- **YOU WILL SPEND THREE DAYS AND TWO (OR THREE) NIGHTS IN GATLINBURG, TN.**
- **THIS YEAR'S CONFERENCE TO BE HELD ENTIRELY AT THE EDGEWATER HOTEL**
- **THE CONFERENCE FEE IS \$55 FOR THE COLLEGE/YOUNG ADULT CONFERENCE. THE FEE INCLUDES: CONFERENCE ADMISSION, DISCIPLESHIP WORKSHOP MATERIALS AND THREE BREAKFASTS.**

IF YOU REGISTER BEFORE NOVEMBER 12, 2008, YOU WILL RECEIVE A \$10 PER PERSON DISCOUNT.

- **YOU ARE RESPONSIBLE FOR YOUR OWN HOTEL RESERVATIONS. THEY ARE MADE ON YOUR OWN.**

CALL THE EDGEWATER HOTEL AT 1-800-423-9582 FOR RESERVATIONS. LET THEM KNOW YOU ARE WITH THE CROSSROADS CONFERENCE.

- **SKIING ARRANGEMENTS CAN BE MADE DURING YOUR FREE TIME ON THE AFTERNOONS OF SATURDAY, JANUARY 17 AND SUNDAY, JANUARY 18. TO MAKE ARRANGEMENTS, CONTACT OBER GATLINBURG AT 865-436-5423 OR 1-800-251-9202 OR ONLINE AT WWW.OBERGATLINBURG.COM. CROSSROADS DOES NOT OFFER ANY GROUP RATES OR RESERVATIONS FOR SKIING— IT IS ON YOUR OWN.**

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SCHEDULE

FRIDAY, JANUARY 16

5:00	PM	CHECK-IN
8:00	PM	OPENING SERVICE
9:45	PM	PANEL DISCUSSION

SATURDAY AND SUNDAY, JANUARY 17 AND 18

7:30	AM	BREAKFAST
9:30	AM	MORNING SERVICE
11:15	AM	LUNCH BREAK
1:00	PM	WORKSHOPS
5:00	PM	DINNER BREAK
8:00	PM	EVENING SERVICE
9:45	PM	DISCUSSION PANEL

MONDAY, JANUARY 19

7:30	AM	BREAKFAST AND CHECK-OUT
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**LISTS OF WORKSHOPS AND DISCUSSION PANELS WILL BE MADE AVAILABLE AT A LATER DATE. SPEAKERS TO INCLUDE CLAYTON KING, MATT ORTH AND OTHER CROSSROADS SPEAKERS. PRAISE AND WORSHIP TO BE LED BY EXODUS.*

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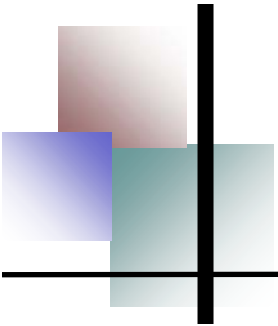
CONDUCT

CROSSROADS WINTER CONFERENCE IS SET UP IN SUCH A WAY TO ALLOW LEADERS AND CHAPERONES TO MAKE AND ENFORCE THE RULES FOR THEIR GROUP INCLUDING THE RULES OUTLINED BELOW. INDIVIDUALS WHO ARE NOT PART OF A GROUP MUST ALSO ABIDE BY THESE RULES. WE EXPECT ALL CHAPERONES AND LEADERS TO BE FAMILIAR WITH THESE RULES AND TO ENFORCE THEM FOR THE SAFETY AND WELL BEING OF ALL INVOLVED.

- ATTENDEES SHOULD BE WELL CHAPERONED. CROSSROADS WILL NOT PROVIDE SUPERVISION.
- NO TWO-PIECES ARE ALLOWED IN THE HOTEL POOLS.
- ANY DAMAGE DONE TO PROPERTY OF THE HOTELS OR CROSSROADS WILL BE THE RESPONSIBILITY OF THE INDIVIDUAL AND/OR GROUP LEADER.
- CONSUMPTION OF ALCOHOL OR DRUGS IS NOT PERMITTED IN OR AROUND THE CONFERENCE.
- WE ASK THAT GROUPS CONDUCT THEMSELVES IN AN APPROPRIATE MANNER IN HOTELS, RESTAURANTS AND THE GENERAL GATLINBURG AREA. PLEASE BE CONSIDERATE OF OTHERS BY REFRAINING FROM SCREAMING, YELLING OR BEING EXCESSIVELY LOUD. ALSO, NO RUNNING OR ROUGH HOUSING INSIDE HOTELS OR OTHER PLACES OF BUSINESS.

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REGISTRATION FORM

COMPLETE THE FORM BELOW AND SEND IT BACK TO CROSSROADS WITH YOUR \$25 DEPOSIT PER PERSON BEFORE DECEMBER 17, 2008

CHURCH/GROUP/INDIVIDUAL NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TOTAL NUMBER YOU ARE REGISTERING: _____

LEADER: _____

E-MAIL: _____ PHONE: _____

MOBILE CONTACT #: _____

PLEASE CHECK:

___ OUR GROUP WILL BE STAYING AT THE EDGEWATER HOTEL.

___ OUR GROUP WILL BE STAYING AT ANOTHER LOCATION: _____

PLEASE INITIAL: _____

I HAVE READ AND AGREE TO THE FINANCIAL POLICIES LISTED IN THIS MANUAL (PAGE 8).

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RELEASE FORM

NAME _____ DOB _____ GENDER _____
CHURCH/GROUP NAME _____ LEADER _____
PARENT/ GUARDIAN'S NAME _____
HOME PHONE _____ WORK PHONE _____
MOBILE (IF APPLICABLE) _____
LAST TETANUS SHOT _____ LIST ANY ALLERGIES, CURRENT MEDICATIONS, DISABILITIES, CARDIAC CONDI-
TIONS (HEART MURMUR, IRREGULAR HEART BEATS) HIGH BLOOD PRESSURE, OTHER MEDICAL ISSUES, OR SPE-
CIAL NEEDS: (USE BACK OF FORM IF NEEDED)

PHYSICIAN _____ OFFICE PHONE _____
PERSONAL INSURANCE COMPANY _____ POLICY NUMBER _____
ADDITIONAL PERSON TO CONTACT IN CASE OF EMERGENCY _____ PHONE _____

I, _____, BEING OF LEGAL AGE, AUTHORIZE CROSSROADS/CLAYTON KING MINISTRIES, OR ANY DESIGNATED AGENT OF CROSSROADS/CLAYTON KING MINISTRIES, TO ACT ON (MY CHILD'S/MY) BEHALF SHOULD I BE UNABLE TO DO SO AND TO CONSENT TO ALL MEDICAL/DENTAL CARE AND TREATMENT, INCLUDING BUT NOT LIMITED TO DIAGNOSTIC TEST, X-RAY EXAMINATION, ANESTHESIA, SURGERY, OR OTHER PROCEDURES WHICH CROSSROADS/CLAYTON KING MINISTRIES DEEMS NECESSARY FOR (MY CHILD'S/MY) MEDICAL WELL BEING FOR THE DURATION OF CROSSROADS WINTER CONFERENCE. THIS CONSENT IS GIVEN IN ADVANCE OF ANY SPECIAL DIAGNOSIS, TREATMENT, SURGERY, OR HOSPITAL CARE REQUIRED AND TO THE ADMINISTRATION OF ANY OVER THE COUNTER MEDICATIONS INCLUDING BUT NOT LIMITED TO TYLENOL, ADVIL, ALLERGY MEDICATIONS, AND IS GIVEN TO PROVIDE AUTHORIZATION AND SPECIFIC CONSENT FOR MEDICAL/DENTAL TREATMENT AND CARE IN (MY CHILD'S/MY) BEHALF. ANY CONSENT BY CROSSROADS/CLAYTON KING MINISTRIES SHALL HAVE THE SAME FORCE AND EFFECT AS IF I HAD PERSONALLY GIVEN THE CONSENT.

I HEREBY RELEASE CROSSROADS/CLAYTON KING MINISTRIES, ITS AGENTS, SERVANTS, EMPLOYEES AND ASSIGNS FOR ANY AND ALL DAMAGES, LIABILITY OR COSTS RESULTING FROM THE AUTHORIZING OF MEDICAL TREATMENT ON (MY CHILD/MY) BEHALF UNDER THE TERMS OF THE CONSENT. I FURTHER HOLD CROSSROADS/CLAYTON KING MINISTRIES HARMLESS AND AGREE TO INDEMNIFY CROSSROADS/CLAYTON KING MINISTRIES FOR ANY AND ALL COSTS, DAMAGES OR EXPENSES INCURRED BY CROSSROADS/CLAYTON KING MINISTRIES AS A RESULT OF ANY CLAIM OR ACTION FILED BY ANY PART ALLEGING DAMAGES INCURRED AND AS RESULT OF ANY MEDICAL TREATMENT PROVIDED OR AUTHORIZATION FOR TREATMENT PROVIDED. I UNDERSTAND THAT THIS RELEASE AND INDEMNIFICATION RELEASES TREATMENT FOR THE CONDUCT OF CROSSROADS/CLAYTON KING MINISTRIES AND IT AGENTS, SERVANTS, EMPLOYEES OR ASSIGNS EVEN IF SUCH CONDUCT IS NEGLIGENT.

* I ALSO UNDERSTAND THAT MY PICTURE AND/OR NAME MAY BE USED FOR PROMOTIONAL USE.

PARENT/ GUARDIAN/ INDIVIDUAL

RELATIONSHIP

DATE

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DIRECTIONS

IT'S EASY TO FIND JUST OFF OF U.S. 441 IN GATLINBURG. TURN AT TRAFFIC LIGHT #5 ONTO RIVER ROAD. WE'RE JUST UP THE ROAD ON THE RIGHT.

TRAVELING EAST FROM KNOXVILLE

TAKE I-40 EAST FROM KNOXVILLE TO EXIT 407, TURN RIGHT ONTO STATE ROUTE 66, CONTINUE UNTIL FIRST MAJOR INTERSECTION IN SEVIERVILLE AND TURN LEFT ONTO US 411, FOLLOW U.S 411 1-2 MILES AND TURN RIGHT ONTO VETERANS MEMORIAL BLVD (AT TACO BELL). GO STRAIGHT 5-6 MILES. TOWARD THE END OF THIS STRETCH, YOU WILL GO THROUGH 3 RED LIGHTS. AT THE 4TH RED LIGHT, TURN LEFT ONTO 441. FOLLOW 441 INTO GATLINBURG.

TRAVELING EAST ON I-40

CONSIDER I-40 EAST TO EXIT 364 AT STATE ROUTE 95, THEN U.S. 321 EAST CONTINUING THROUGH MARYVILLE AND TOWNSEND, THEN HIGHWAY 73 TO GATLINBURG.

TRAVELING WEST ON I-40

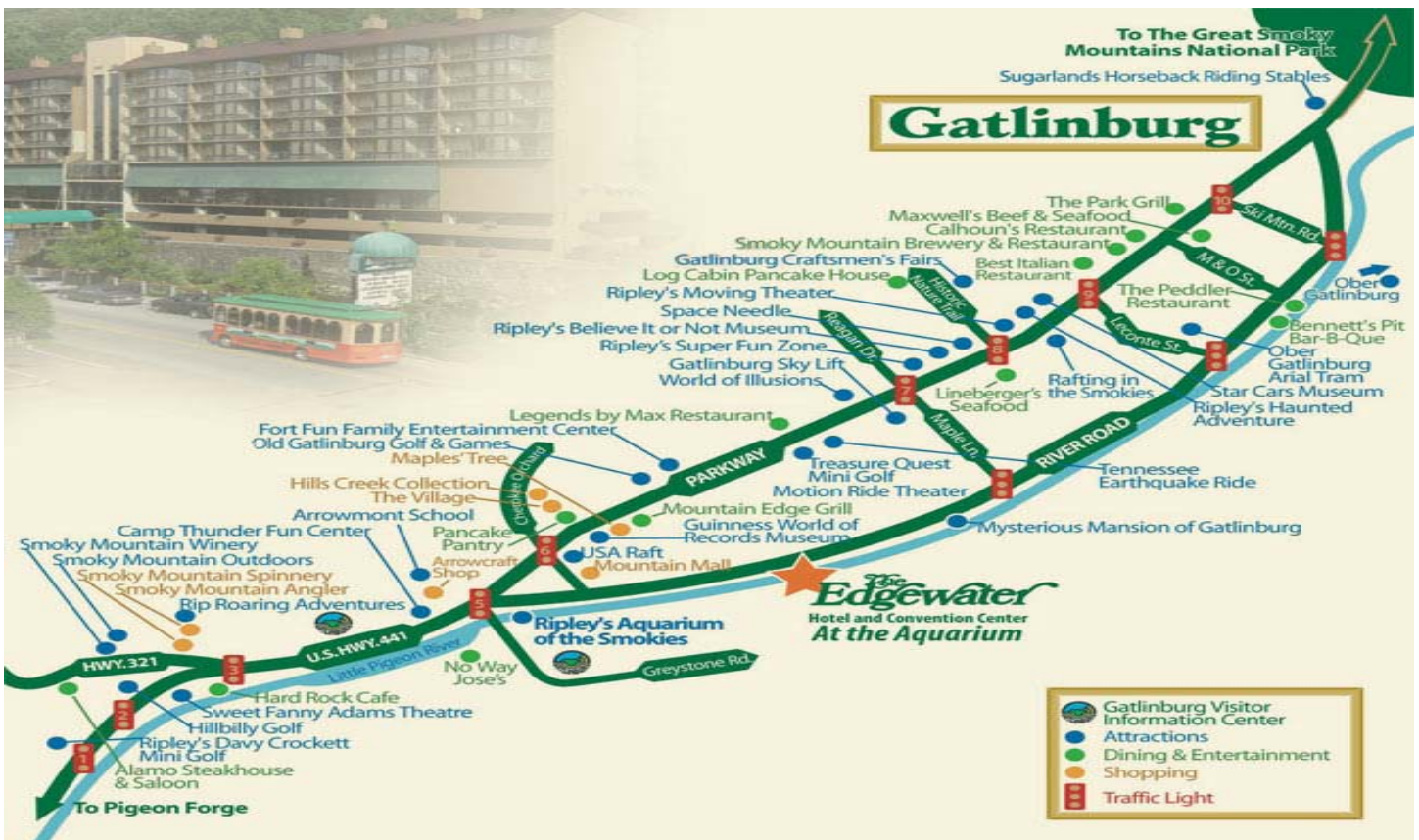
CONSIDER I-40 WEST TO FOOTHILLS PARKWAY EXIT 443, TURN ONTO U.S. 321 AND CONTINUE UNTIL YOU REACH GATLINBURG.

TRAVELING NORTH ON I-26

CONSIDER I-26 TO I-40 WEST TO FOOTHILLS PARKWAY EXIT 443, TURN LEFT ONTO U.S. 321 AND CONTINUE UNTIL YOU REACH GATLINBURG.

TRAVELING NORTH OR SOUTH ON I-75

CONSIDER I-75 TO EXIT 81 AT STATE ROUTE 95, THEN HIGHWAY 321 EAST CONTINUING THROUGH MARYVILLE AND TOWNSEND, THEN HIGHWAY 73 TO GATLINBURG.





FINANCIAL INFORMATION

- A REGISTRATION DEPOSIT OF **\$25** PER PERSON IS REQUIRED AND IS DUE BY **DECEMBER 17, 2008**.
- DEPOSITS ARE NON REFUNDABLE BUT ARE TRANSFERABLE IF MADE BEFORE THE REGISTRATION DUE DATE OF **DECEMBER 17, 2008**. AFTER THIS DATE, DEPOSITS ARE BOTH NON REFUNDABLE AND NON TRANSFERABLE.
- FINAL BALANCES MUST BE SENT IN BY **JANUARY 7, 2009**. BALANCES POSTMARKED AFTER THAT ARE SUBJECT TO A **\$5** PER PERSON PER DAY LATE FEE ADDED TO THE FINAL BALANCE.

NOTE: BALANCE PAYMENTS ARE REFUNDABLE IF CANCELLED IN WRITING BEFORE THE BALANCE DUE DATE, JANUARY 7, 2009. AFTER THE DUE DATE NO REFUNDS WILL BE ISSUED. AFTER THE BALANCE DUE DATE, YOU ARE RESPONSIBLE FOR PAYMENT OF THE NUMBER REGISTERED AT THAT DATE, PLUS THE LATE FEE.

- FEES CAN BE PAID WITH CASH, CHURCH CHECK, PERSONAL CHECK, MONEY ORDER OR CREDIT CARD. **\$25** WILL BE CHARGED FOR A RETURNED CHECK.
- IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US BY PHONE AT **704-434-2920** OR E-MAIL US AT **CRWORLDWIDE@AOL.COM**

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REMINDERS

***SEND IN REGISTRATION FORM AND \$25 DEPOSIT PER PERSON TO CROSSROADS BEFORE DECEMBER 17, 2008.**

**307- A E. COLLEGE AVE.
SHELBY, NC 28152**

OR YOU MAY FAX IT TO 704-434-2919.

***FINAL BALANCES DUE JANUARY 7, 2009.**

***READ OVER ALL MATERIAL, CALL OR E-MAIL WITH QUESTIONS:
704-434-2920 OR CRWORLDWIDE@AOL.COM**

***MAKE COPIES OF RELEASE FORM AND INFORMATION FOR PARENTS AND CHAPERONES.**

***COLLECT SIGNED FORMS, BALANCE PAYMENTS FROM STUDENTS.**

***MAKE HOTEL RESERVATIONS (AND SKI RESERVATIONS IF NECESSARY).**

***CALL CROSSROADS TO MAKE ANY NUMBER CHANGES: CANCELLATIONS OR ADDITIONS.**

***MEDICAL FORMS SHOULD BE BROUGHT WHEN YOU COME.**

***PRAY FOR THIS EVENT.**

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