

**PLEASE READ AND CHECK ONE:**

Stonecreek Church *HAS* permission to use any image of my child made with others at BigStuf or any written material that he/she may write about BigStuf for promotional purposes.

Stonecreek Church *DOES NOT* have permission to use any image of my child made with others, or any written material that he/she may write about BigStuf for promotional purposes.

Please check the appropriate box of t-shirt size you would like to have.

All listed sizes are adult sizes:

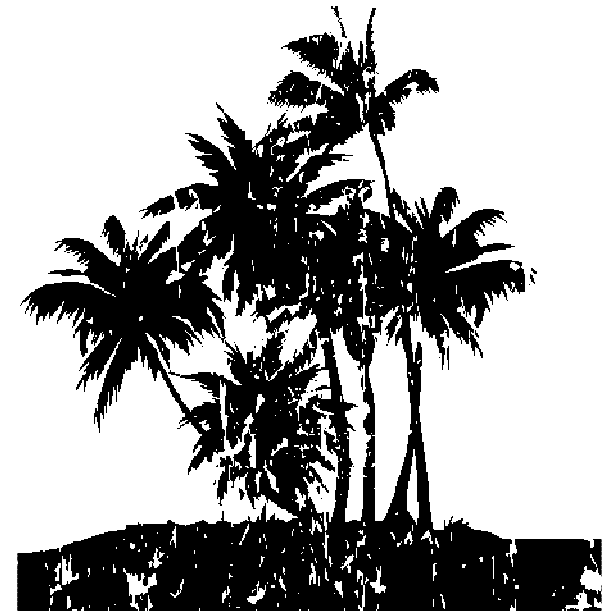
- Small
- Medium
- Large
- X - Large
- XX - Large

  
STONECREEK  
STUDENT MINISTRIES  
13540 Highway 9 North  
Alpharetta, Georgia 30004



**PANAMA CITY BEACH, FL**

**JUNE 8TH-12TH, 2009**



**DATES:**

June 8—12, 2009

**AGES FOR BIGSTUF?**

Graduated 6th graders through  
graduated 12th graders

**COST:**

\$75.00 Non- Refundable/Non-  
Transferable deposit w/completed  
Registration Form is due to secure the  
cost as seen below:

\$389 on/before January 17, 2009  
\$429 January 11—May 1, 2009

FINAL PAYMENT DUE MAY 1, 2009

**WHAT DOES THE PRICE  
INCLUDE?**

- 4 nights of lodging
- ten meals
- t-shirt
- conference
- conference materials
- transportation
- FUN! FUN! FUN!

**HOTEL INFORMATION:**

The Boardwalk Beach Resort  
9600 South Thomas Drive  
Panama City Beach, FL 32408  
1-800-224-Gulf

**YOU NEED MONEY FOR THE  
FOLLOWING ...**

- \$15.00 for fast food lunch there and back
- BigStuf Store: T-shirts, CDs, Books, Fris-  
bees, Camp Highlight Video, etc.
- BigStuf 2009 group picture
- Snack Bar (Inside Hotel Lobby), Late  
night Domino's pizza etc.

**MORE INFORMATION:**

Once we verify your registration you will be  
sent more information. This will include a  
packing list, departure and arrival times,  
emergency contact numbers and other infor-  
mation necessary for your child to have a fun  
and safe trip.

Completion of a 2009 Medical Release Form  
& BigStuf Release Form are also needed.

For more Information please visit:  
[www.bigstuf.com](http://www.bigstuf.com)

**REGISTRATION FORM**


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NAME

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DATE OF BIRTH

GENDER

---

ADDRESS

---

CITY

STATE

ZIP CODE

---

HOME PHONE

CELL PHONE

---

SCHOOL

GRADE

---

PARENTS' NAMES

---

HOME EMAIL

---

DAD'S CELL PHONE

---

MOM'S CELL PHONE

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ROOMMATE REQUEST  
(ONE NAME ONLY)

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**Note:** As the request **MUST** be mutual  
before we will consider it, please  
contact your room mate request prior  
to inserting their name in this section  
to ensure they have selected your  
child as well.

**COMPLETE BOTH SIDES**