

**Annual Chapter/Gathering - Brothers and Sisters of St. Francis Region - 61
August 3 - 5, 2018 – “Embracing Our Rule That All May Be One”**

***Send ALL registration forms in ONE Email OR ONE Mailing
BEFORE JULY 3, 2018***

REGISTRATION FORM ONE

*****MINISTERS/LEADERS: SEND ALL FORMS TO YOUR RESPECTIVE AREA REGIONAL LIAISON LISTED BELOW***

*Area 1: Lori Moran Email: lorimoran33@comcast.net 103 Bay Point, Peachtree City, GA 30269
Area 2: DorothyAnn Rowland Email: darsfo@embarqmail.com P.O. Box 258, Seabrook, SC 29940
Area 3: Carolyn Peduzzi Email rncpeduz@earthlink.net 111 Harold Ave Swansboro, NC 28584*

********Please note check-in time is 4:00PM********

Fraternity/Group: _____
City and State: _____
Contact Name: _____
Phone: _____ **E-mail:** _____

ACCOMMODATIONS: Cost Per Person includes TWO nights lodging and Five meals
Meals Buffet Style include Friday Dinner, Saturday Breakfast, Lunch, and Dinner, Sunday Breakfast
All Rooms have 2 Queen Beds Private Dining in Johnson Spring Building

Total Rooms requested (by type) including “5 meals” (Friday D, Sat B/L/D, Sun B)
Single: \$301___ Double: \$192 each ___ Triple: \$162.33 each ___ Quad: \$147.50 each ___

Total Number rooms requested _____ **Number attending** _____ **List names on Form Two**

Those persons not staying at Ridgecrest, but attending the event are asked to pay
\$12.00 per day or \$25.00 for the weekend (FR-SA-SU). The rate does not include meals.
(They can purchase a meal ticket for whichever meal they'd like at the front desk as they arrive).
(Breakfast: \$10.00 Lunch: \$13.00 Dinner: \$16.00)

Number attending but not spending night _____ **List names on Form Three**

**PAYMENT WILL BE DUE AT CHECK-IN AT RIDGECREST BY INDIVIDUAL
CASH , CREDIT CARD OR CHECK**

Master Card, Visa or Discover Credit Cards accepted
Checks made to: Life Way Ridgecrest Conference Center

(revised 5-1-18)

REGISTRATION FORM TWO

MINISTERS/LEADERS: SEND LIST TO YOUR RESPECTIVE AREA REGIONAL LIAISON (SEE PAGE 1)

Fraternity/Group _____ City & State _____

Note: Handicap = truly disabled (uses wheelchair, scooter, walker, needs handicap shower)
Easy access = has difficulty walking and needs room located close to elevator

Room # 1

Name _____ Amount due _____

Professed ____ Candidate ____ Inquirer ____ Orienteer ____ Guest ____

Name _____ Amount due _____

Professed ____ Candidate ____ Inquirer ____ Orienteer ____ Guest ____

Handicap Room required _____ **Easy access Room requested** _____ **Roommate requested** _____

Room # 2

Name _____ Amount due _____

Professed ____ Candidate ____ Inquirer ____ Orienteer ____ Guest ____

Name _____ Amount due _____

Professed ____ Candidate ____ Inquirer ____ Orienteer ____ Guest ____

Handicap Room required _____ **Easy access Room requested** _____ **Roommate requested** _____

Room # 3

Name _____ Amount due _____

Professed ____ Candidate ____ Inquirer ____ Orienteer ____ Guest ____

Name _____ Amount due _____

Professed ____ Candidate ____ Inquirer ____ Orienteer ____ Guest ____

Handicap Room required _____ **Easy access Room requested** _____ **Roommate requested** _____

Room # 4

Name _____ Amount due _____

Professed ____ Candidate ____ Inquirer ____ Orienteer ____ Guest ____

Name _____ Amount due _____

Professed ____ Candidate ____ Inquirer ____ Orienteer ____ Guest ____

Handicap Room required _____ **Easy access Room requested** _____ **Roommate requested** _____

Room # 5

Name _____ Amount due _____

Professed ____ Candidate ____ Inquirer ____ Orienteer ____ Guest ____

Name _____ Amount due _____

Professed ____ Candidate ____ Inquirer ____ Orienteer ____ Guest ____

Name _____ Amount due _____

Professed ____ Candidate ____ Inquirer ____ Orienteer ____ Guest ____

Handicap Room required _____ **Easy access Room requested** _____ **Roommate requested** _____

Room # 6

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Handicap Room required _____ **Easy access Room requested** _____ **Roommate requested** _____

Room # 7

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Handicap Room required _____ **Easy access Room requested** _____ **Roommate requested** _____

Room # 8

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Handicap Room required _____ **Easy access Room requested** _____ **Roommate requested** _____

Room # 9

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Handicap Room required _____ **Easy access Room requested** _____ **Roommate requested** _____

Room #10

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Name _____ Amount due _____

Professed ___ Candidate ___ Inquirer ___ Orientee ___ Guest ___

Name _____

Amount due _____

Professed ____ Candidate ____ Inquirer ____ Orientee ____ Guest ____

REGISTRATION FORM THREE

MINISTERS/LEADERS: SEND LIST TO YOUR RESPECTIVE AREA REGIONAL LIAISON (SEE PAGE 1)

Fraternity/Group _____ City & State _____

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\$12.00 per day or \$25.00 for the weekend (FR-SA-SU). The rate does not include meals.

(They can purchase a meal ticket for whichever meal they'd like at the front desk as they arrive).

Name _____ Professed ____ Candidate ____ Inquirer ____ Orientee ____ Guest ____

Day(s) attending Friday evening ____ Saturday ____ Sunday ____ Amount due _____

Name _____ Professed ____ Candidate ____ Inquirer ____ Orientee ____ Guest ____

Day(s) attending Friday evening ____ Saturday ____ Sunday ____ Amount due _____

Name _____ Professed ____ Candidate ____ Inquirer ____ Orientee ____ Guest ____

Day(s) attending Friday evening ____ Saturday ____ Sunday ____ Amount due _____

Name _____ Professed ____ Candidate ____ Inquirer ____ Orientee ____ Guest ____

Day(s) attending Friday evening ____ Saturday ____ Sunday ____ Amount due _____

Name _____ Professed ____ Candidate ____ Inquirer ____ Orientee ____ Guest ____

Day(s) attending Friday evening ____ Saturday ____ Sunday ____ Amount due _____

Name _____ Professed ____ Candidate ____ Inquirer ____ Orientee ____ Guest ____

Day(s) attending Friday evening ____ Saturday ____ Sunday ____ Amount due _____

Name _____ Professed ____ Candidate ____ Inquirer ____ Orientee ____ Guest ____

Day(s) attending Friday evening ____ Saturday ____ Sunday ____ Amount due _____

Name _____ Professed ____ Candidate ____ Inquirer ____ Orientee ____ Guest ____

Day(s) attending Friday evening ____ Saturday ____ Sunday ____ Amount due _____

Name _____ Professed ____ Candidate ____ Inquirer ____ Orientee ____ Guest ____

Day(s) attending Friday evening ____ Saturday ____ Sunday ____ Amount due _____

Name _____ Professed ____ Candidate ____ Inquirer ____ Orientee ____ Guest ____

Day(s) attending Friday evening ____ Saturday ____ Sunday ____ Amount due _____

Name _____ Professed ____ Candidate ____ Inquirer ____ Orientee ____ Guest ____

Day(s) attending Friday evening ____ Saturday ____ Sunday ____ Amount due _____

Name _____ Professed ____ Candidate ____ Inquirer ____ Orientee ____ Guest ____

Day(s) attending Friday evening ____ Saturday ____ Sunday ____ Amount due _____

Name _____ Professed ____ Candidate ____ Inquirer ____ Orientee ____ Guest ____

Day(s) attending Friday evening ____ Saturday ____ Sunday ____ Amount due _____

REGISTRATION FORM FOUR

**LIST THE NAMES OF THE NEW COUNCIL, NEWLY PROFESSED, AND DECEASED
FROM AUGUST 13, 2017 – AUGUST 3, 2018**

MINISTERS/LEADERS: SEND LIST TO YOUR RESPECTIVE AREA REGIONAL LIAISON (SEE PAGE 1)

Fraternity/Group _____ City & State _____

NEW COUNCIL: DATE ELECTED _____

Minister _____ Attending? Yes ____ No ____

Vice Minister _____ Attending? Yes ____ No ____

Secretary _____ Attending? Yes ____ No ____

Treasurer _____ Attending? Yes ____ No ____

Formation Director _____ Attending? Yes ____ No ____

Councilor _____ Attending? Yes ____ No ____

Councilor _____ Attending? Yes ____ No ____

Councilor _____ Attending? Yes ____ No ____

Spiritual Assistant _____ Attending? Yes ____ No ____

NEWLY PROFESSED

NAME AND DATE OF PROFESSION

Name _____ Date _____ Attending? Yes ____ No ____

Name _____ Date _____ Attending? Yes ____ No ____

Name _____ Date _____ Attending? Yes ____ No ____

Name _____ Date _____ Attending? Yes ____ No ____

Name _____ Date _____ Attending? Yes ____ No ____

Name _____ Date _____ Attending? Yes ____ No ____

DECEASED

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

ED CAMPBELL SCHOLARSHIP FUND

The fund provides full and partial scholarships to the Annual Regional Gathering for a member of a fraternity who would otherwise be unable to attend. Requests for assistance from this fund should be made to the Regional Treasurer, Ken Brooke, OFS.

Ideally, the local fraternity should provide the money needed for their members to attend and not request financial aid from the Region. That is one of the inherent purposes of the “Common Fund” which should exist in every local fraternity. See Guidelines below.

Donations to the fund are gladly accepted.

Please contact Regional Treasurer, Ken Brooke, OFS, for the “Request for Scholarship Form” to be returned to him by June 1.

Mr. Ken Brooke, OFS
2542 River Summit Court
Duluth, GA 30097
email: kbrookeofs@gmail.com

Guidelines for the Ed Campbell Scholarship Fund:

- 1- “Ed Campbell Fund” scholarships should be limited to the total sum of \$600.
(this is the budget amount for income)
- 2- Requests should be made from the minister/leader of the fraternity to the Regional Treasurer utilizing the “Ed Campbell Scholarship Fund” request form (see above).
- 3- After the request deadline the scholarships will be awarded in the following priority:
 - a) for a member of a fraternity being sent to represent that fraternity - initial intent of the “Fund”
 - b) for a member of a fraternity already being represented whose “Common Fund” cannot totally support the local member’s desire to attend. Local fraternities are expected to defray at least part of the cost.
- 4- After the request deadline, the Regional Treasurer will notify the local fraternities regarding the outcome of their requests. Should a fraternity not be represented they will be encouraged to send a representative with the assistance of a regional “scholarship”.

