



SMOKY MOUNTAIN WINTERFEST 2017

March 10-12, 2017

REGISTRATION

TICKET ONLY REGISTRATION

(Does Not Include Housing)

Church Name: _____

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____ Work Phone: _____

Email: _____

I will need approximately _____ tickets x \$109 per ticket = \$ _____.

50% of total is due with registration form for deposit.

Balance due February 13, 2017

Smoky Mountain Reserved Seating Request: For an additional charge of \$35 per person you may purchase seats in the designated reserved seating section. With reserved seats, your group is guaranteed seating in the same seats each night. Reserved seating is limited and is on a first come first serve basis.

_____ reserved seats x \$35= \$ _____.

Enclose this amount in addition to the deposit. The number of reserved seats are limited and are on a first come first served basis and *payment will be what holds the seats reserved.*

Please make your church check payable to: **CONVENTION SERVICES ASSOCIATES**

MAIL THIS FORM TO: CONVENTION SERVICES ASSOCIATES
PO Box 5243, Sevierville, TN 37864-5243 or call (865) 428-5787

For more information log on to: www.mywinterfest.org or call (423) 478-7220