2025 NY SHE FIGHTS CONFERENCE

ROAR

Stamford Marriott and Spa
October 10-12, 2025
REGISTRATION FORM
Please use this form for all registrations.

Name of Local Church: _____

Group Leader/Contact Name: _____
(*This is the person who will receive all registration correspondence and confirmations.*)

Mailing Address: _____

_____

Telephone #: _____

Email Address: _____

Total Number of Delegates Registering with this Form: _____

Conference Deposits/Fees Paid with this Form: $ _____

T-Shirts Ordered with the form: S_____ M_____ L_____ XL_____ 2XL_____ 3XL_____

Total T-Shirts Costs: $_____

TOTAL AMOUNT INCLUDED WITH THIS FORM: $ _____

To receive this rate, a **$100.00 deposit (per person)** must be received into the State Office by June 13th, 2025 & balance must be paid in **full by September 12, 2025.**	
Four per Room: 2 Beds	$370.00
Three per Room: 2 Beds	$395.00
Two per Room:	$425.00
Single Room	$575.00
T-Shirt	$15.00

METHOD OF PAYMENT

❑ Check # _____ ❑ Cash _____

❑ CC _____ Exp _____ CVV _____ Billing Zip Code_____

Checks must be made payable to: Church of God

If paying by Credit Cards, an additional 4% fee will apply

Please refer to FACT SHEET for complete details regarding conference fees and deposits. A minimum deposit of $100.00 per person must accompany this registration form. Balance must be paid in full by September 12, 2025.

- PLEASE PRINT -

(If you are registering more than six (6) rooms, please copy this page to register additional rooms.)

ROOM #___	Last Name	First Name	Phone Number	Column 1 Deposit	Column 2 Total Conference Fee	Column 3 Balance Due (Balance Due minus Deposit)
1.						
2.						
3.						
4.						

ROOM #___	Last Name	First Name	Phone Number	Column 1 Deposit	Column 2 Total Conference Fee	Column 3 Balance Due (Balance Due minus Deposit)
1.						
2.						
3.						
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