

APRIL 11-13

APPOINTED

FOR THE CHURCH AND THE WORLD
LABI COLLEGE DAYS 2019

REGISTRATION PACKET

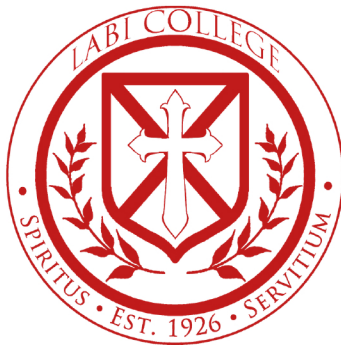


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CONTACT INFORMATION



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info@labi.edu



www.labi.edu

HELLO FROM LABI COLLEGE!

The LABI College Enrollment Office is so excited and honored to reach out to you regarding our institution's upcoming annual event, College Days! As a biblically-based, Pentecostal college of higher learning in Southern California, our core mission is to prepare young men and women of faith for service in ministry for the church and the world. Through College Days, we are able to provide young people a preview of life as a LABI College student. This two-day event involves overnight campus stay, powerful testimonies, a time to meet our beloved faculty and staff, impactful chapel services, and motivating workshops sharing the value of Christian higher education and the ministry and development of our young generation.

This year, our theme for College Days is Appointed: For the Church & the World (John 15:16). As we prepare our hearts and minds for this event, we would like to invite you and your church to attend this year! We encourage you to reserve these special days on your calendars and hope you will join us for an unforgettable and faith-filled weekend! If you have any questions regarding College Days, please feel free to contact our Enrollment Office at LABI College via email or phone.

We pray that the Lord will bless you now and always.

Sincerely,
Marilyn Campos
College Days Coordinator

"YOU DID NOT CHOOSE ME, BUT I CHOSE YOU AND
APPOINTED YOU SO THAT YOU MIGHT GO AND BEAR FRUIT
—FRUIT THAT WILL LAST—AND SO THAT WHATEVER YOU ASK
IN MY NAME THE FATHER WILL GIVE YOU."

JOHN 15:16 NIV

REGISTRATION OPTIONS

Registration can be done online or through mail. We highly recommend to register online at our website as it is quick, easy and guaranteed. Prior to starting your registration, please make sure to have your credit/debit card information ready.

Please note that there is a 3% fee that will be added to all credit/debit card transactions.
If you prefer to pay with check(s), please make check(s) payable to LABI College.

ONLINE REGISTRATION

STEP 1: Go to www.labi.edu on your web browser.

STEP 2: On the home page, locate and click on the "Click Here" button located on the "Appointed: For the Church and the World" College Days banner.

STEP 3: Once directed to our event's site, locate and click on the "Register Now" button to begin the registration process.

STEP 4: Once redirected, please complete all requested information fields on the online registration form.

STEP 5: Submit when finished. You will receive an email confirmation once your payment has been processed.

Please allow 1-3 business days for credit/debit card transactions to be processed.

MAILING REGISTRATION

If you prefer to register via mail for our event, please complete the following forms on the next pages. Please note that there is only one copy of each form available in this packet, although each individual must submit an Individual Registration Form. Once completed, please mail these forms out to:

LABI College
ATTN: Enrollment Office
14209 E. Lomitas Ave.
La Puente, CA 91746

LABI COLLEGE DAYS '19 PRIORITY REGISTRATION - MARCH 25TH, 2018



LABI College Days Church Registration Form

ATTENTION: Please have only ONE Church Registration Form filled out per group. When completed, have all forms mailed to:

LABI College
ATTN: Enrollment Office
14209 E. Lomitas Ave. La Puente, CA 91746

Church Information

Church Name	Phone	Region/Section
Mailing Street Address	City	State
	Zip Code	
Church Email		

Pastor(s) Information

Full Name(s)	Phone	Email
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Youth Leader(s) Information

Full Name(s)	Phone	Email
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REGISTRATION COUNT

PRIORITY DEADLINE FOR PRE-REGISTRATION: MARCH 25TH, 2018

Overnight Stay Pricing

Priority Registration	\$25.00 per person	Regular Registration	\$35.00 per person
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* Completed registration documents sent
before priority deadline

* Completed registration documents sent
after priority deadline or shown on-site

Total Number Males	Total Number Females	Overall Total People
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Overall Total Payment: \$

Name of Person Responsible for Group	Signature	Date
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LABI College Days Individual Registration Form

Please have EACH person, including leader(s), fill out ONE Individual Registration Form. When completed, have all forms mailed to:

LABI College
ATTN: Enrollment Office
14209 E. Lomitas Ave. La Puente, CA 91746

Individual Contact Information

First Name	Last Name	Age	Gender (M/F)
Street Address	City	State	Zip Code
Email	Phone		
Home Church Name	Region/Section		

Emergency Contact Information

First Name	Last Name	Relationship to Individual
Home Phone	Cell Phone	Work Phone

The following information is required to ensure that your needs are met while attending our event. Information is confidential and will be made available to those people who are directly responsible for your well-being. In the event of an emergency, every effort will be made to contact your emergency contact.

Medical Information

Date of Last Immunization ____ / ____ / ____ Date of Last Tetanus Shot ____ / ____ / ____

Any major operations or serious illness? YES ____ NO ____

If yes, please explain: _____

Any allergies? YES ____ NO ____

If yes, please name: _____

Any special medical or dietary routine? YES ____ NO ____

If yes, please explain (food allergies, vegetarian, etc.): _____

Are you currently taking any medications? YES ____ NO ____

If yes, please name: _____

Insurance Provider	Policy Number	Group Number
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CONTINUED ON NEXT PAGE

NO REGISTRATION WILL BE ACCEPTED WITHOUT THE FOLLOWING AUTHORIZED SIGNATURES

Please have either your legal parent/guardian/leader fill out the following statement if you are under 18 years of age.

I understand that I, _____, am responsible for the conduct of _____. I also understand that I am responsible for any damages done by this person and am responsible for all repairs. I hereby consent to any treatment deemed advisable in an emergency by LABI personnel, EMT, nurse, doctor, physician, and/or hospital staff. I also certify that this person's immunizations are up to date. I release LABI and the Assemblies of God from any and all liability, claims, demands for accidents, illnesses or emergency treatment required, as well as any property damages and/or expenses incurred.

Signer Name

Signer Signature

Date



LABI College Days Vehicle Registration Form

Please complete ONE form PER vehicle that you are planning to use for transportation to LABI College . When completed, have all forms mailed to:

LABI College
ATTN: Enrollment Office
14209 E. Lomitas Ave. La Puente, CA 91746

Vehicle Owner Information

First Name

Last Name

Primary Number

Vehicle Information

Make

Year

Model

Color

License Plate Number

Emergency Contact Info

If at any point you, the registered vehicle owner, cannot be reached, please provide the following information of a close friend or relative that can give authorization to handle any vehicle matters.

First Name

Last Name

Relationship to Individual

Home Phone

Cell Phone

Work Phone

**NO VEHICLE REGISTRATION WILL BE ACCEPTED WITHOUT THE FOLLOWING AUTHORIZED SIGNATURES
FROM THE REGISTERED VEHICLE OWNER**

I, _____, understand that all vehicles can park in the LABI College parking lot (located in front of the Main Office), unless otherwise told not to under special circumstances. However, I understand to respect parking spots reserved for the handicap, staff, and President. I also understand that parking is permitted on the Southern Pacific District parking lot, with the exception of the parking spots reserved for tenants marked with their studio number.

I, _____, understand that any vehicle found in violation of any of LABI College's rules for parking and vehicle procedures are subject to receive parking warnings and/or fines issued by the LABI Business & Finance Office.

I, _____, understand that I am fully responsible for any fees that my vehicle may obtain because of violations or towing charges that may occur during my visit/stay at LABI College. I also understand that LABI College is not responsible for any theft or damages done to my vehicle or contents.

I have read and understood the responsibility that I have as the vehicle owner and agree to LABI College's rules and guidelines for parking and vehicle use.

Signer Name

Signer Signature

Date



Business & Finance Office

Credit Card Authorization Form

TO BE COMPLETED BY THE CARDHOLDER

I, _____, (print name) agree to have my credit card charged by LABI College. This credit card will be used for authorized purchases or to invoice payments. I understand that my payment will not be processed until this has been received by LABI College.

Please note that there is a 3% fee that will be added to all credit card transactions.

CREDIT CARD INFORMATION

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card

Print Name of Card Holder: _____

Credit Card Number: _____

Expiration Date: _____ V-code (3-digit code on the back of the card): _____ Amount: \$ _____

Reason for Transaction: ☐ Tuition ☐ Transcript(s) ☐ Other: _____

CARDHOLDER INFORMATION

Full Name: _____

Billing Street Address: _____

City: _____ State: _____ Postal Code: _____

Direct Telephone: () _____ Email: _____

Print Name and Signature of Person Making Request

Date

Please send form via email to accountsreceivable@labi.edu or fax/mail.

Office Use Only

Date Request Received: _____ Amount Approved: \$ _____

Date of Credit Card Statement: _____

Signature of Person Reviewing Statement

Date

OVERNIGHT STAY GUIDELINES

DORMITORIES: FIRST COME, FIRST SERVE

- LABI Dormitories have 4 beds with max capacity of 6 with 2 sleeping bags (sleeping bags not provided)
- Must be 14 years or older to stay the night

WHAT TO BRING

- Pillows, blankets, and if needed, a sleeping bag
- Toiletries: Shampoo, soap, toothbrush, toothpaste, towel, etc.
- Change of clothes (make sure to bring active shoes and clothes for fun bash!)
- Bible and a journal

RULES

No one is allowed to leave the campus without permission. Youth under the age of 18 will not be allowed to leave the campus with anyone except their parent, legal guardian, or youth leader, whose signature appears on the registration form.

- NO LOITERING - Persons who are not registered will not be allowed on campus at any time.
- NO PUBLIC DISPLAY OF AFFECTION- No kissing, hand-holding, etc.
- DRESS CODE - All clothes, for both men and women, must cover shoulders, backs, sides, and navel at all times. Tight and/or extremely short garments are not permitted nor are articles of clothing that display questionable content. Women: no tank tops, spaghetti straps, or midriffs are permitted. Men: no spandex, bike shorts, or baggy pants allowed.
- ALL MEDICATIONS must be checked in with youth leader.
- CURFEW is to be observed by ALL LABI attendees. Unless officially authorized as security for this event, you are to be in the rooms when instructed to do so by security and/or LABI staff/volunteers.