Victorious Christian Fellowship International, Inc. Registration Form



6th Annual Holy Convocation July 18th – 23rd, 2022

Please use CAPITAL LETTERS or TYPE and return this form to:

Email: vcfim16@gmail.com http://www.vcfi.org

Registration Details								
☐ Mr. ☐ Mrs ☐ Ms. ☐	Minister] Elder	☐ Pastor	Overseer	☐ Apostle	Bishop		
Family Name: Last Name:								
Church/Ministry:								
Address:								
Zip code: Cit	•							
Phone:								
Email:								
Specific diet requirements (vegetarian, allergies):								
If you need any other specific facilities (wheelchair access), do not hesitate to inform the coordinator								
Overseer Corey J. Blassingame								
Registration Fee's (Full Payment is requested by May 1st)								
registration reces (run re	ayinont io rec	quosici	a by may 13					
Listed Clergy Member Apostles, Bishops, Overseers & Pastors		rs	Elders/ Evangelist/ Ministers	Children 14 & under	Non - Clergy Members	Church / Fellov Regist	wship	
Registration Fee	\$175		\$125	\$25	\$100	\$200		
Pass Per Day / Per Person	\$75		\$50	\$10	\$25	N/A		
Visitors: Bishops, Pastors, Apostles & Overseers: One Day Registration Pass: \$75								
Visitors: Elders, Evangelist & Ministers: One Day Registration Pass: \$50								
Visitors: Non-Clergy: One Day Registration Pass: \$25								
Visitors: Non-Clergy: One l	Day Registratio	on Pass:	\$25					

Cancellation Policy

All cancellations must be in writing. Cancellations received before 15 June 2022 is subject to a charge of 25% of the registration fees for administrative costs. From 1 July 2022 on, full payment will be requested, and refunds will not be returned.

Victorious Christian Fellowship International, Inc. ©2022 501(c)3 All Rights Reserved 2022 Participant Registration Form

	All payments to be made to the order of Victorious Christian Fellowship International Inc.				
☐ Pay Pal	vcfim16@gmail.com				
☐ Cash App	\$VicFellowship				
☐ Chase Zelle	vcfim16@gmail.com				
☐ Cash					
☐ Checks	Victorious Christian Fellowship International, Inc.				
Credit Card:	☐ American Express ☐ MasterCard ☐ Visa				
	+				
Card #:	Expiry date: Security Code (CVC):				
Date:	Signature:				
For payments by Cre	edit Card: The official invoice will be sent upon receipt of payment from the Credit Card operator.				
Billing Informati	on				
IF DIFFERENT FRO					
Address:					
Zip code:	City: Country:				
Phone:	Fax:				
	DRTANT: Hotel and travel reservations can be made through V.C.F.I. (vc ${ m fim}16@{ m gmail}$).				
Data Protection S	Statement & Personality / Image Rights				
process the data pr convocation. This inc event and for the dra	stration form, the participant gives consent that Victorious Christian Fellowship International Inc can covided within the framework of the convocation and allow photographs to be made during the cludes, unless registered participants object, all handling needed for the applicant's participation at the fting of a list of participants which will be distributed at the convocation and placing photographs in the ssible only by participants and VCFI member and in any other web/printed publication.				
Right of access: appl by VCFI.	licants have a right to access and ask for changing or deleting their personal data, which will be kept				
VCFI would like to contact you occasionally to keep you informed of future VCFI events and other relevant information. If you do not wish us to do this, please tick this box to be removed from our general distribution list					
In His Name,					
+ Bishop Ri	oberta E. Moore				
Righon Roberta	F. Moore				



Establishmentarian & Chief Prelate