

44th Mid-Atlantic Christadelphian Bible School Registration Form

June 28 - July 5, 2025

One form per family. Duplicate or download extra forms, if needed, via the MACBS website. Please type or print legibly.

Street Address _____

Bible School Rates (US funds)

Adult	\$615
12 -19 Yrs.	\$510
3- 11 Yrs.	\$305
0-2 Yrs.	\$ 35

City _____ State/Province/Country _____ Zip/Postal Code _____

Telephone: (____) _____ Email address for confirmation: _____

Ecclesia: _____ 1st Time at this Bible School? Yes No

* If residing off campus and attending classes on a daily basis, an activity fee of \$25 (1st day) & \$15 (each succeeding day) is required. Meals are extra (see Registrar at school).

All requested information is necessary to confirm your registration.

Names: (As desired on name tag):		Age on	Grade	Sex	Baptized	Requested Roommate or	Sponsor (if other
Last	First	7/1/24	Fall 24	M/F	Yes/No	Suite Mates	than parents)

Roommate preferences are accommodated whenever possible with those registering early getting first consideration (requests received after May 15 may be too late to consider). In submitting this registration, we acknowledge that all members of our family, and any minors for which we are serving as sponsors, will be aware of and will abide by the MACBS and University rules during the Bible School.

*Please note any serious medical problems by checking here and explaining on page two of this form: _____
 **If your child has any special needs or learning disabilities, please check here and explain on page two of this form: _____

Full tuition due on first Saturday, June 28.

*Individuals under 18 **must** be accompanied **by an adult sponsor over 25.**

<p>Make Checks payable to: MACBS.</p> <p>NOTE: <u>NO PRICE INCREASE</u> AND <u>NO DEPOSIT THIS YEAR!</u></p> <p>Online registration: www.midatlanticbibleschool.org</p>	<p>Registrations and general information requests should be mailed to:</p> <p style="text-align: center;">MACBS PO Box 131 Mansfield, PA 16933 (918) 694-4160</p> <p>E-mail: (Information only) macbs@live.com</p>
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Please check correct statement: Lord willing,

- ____ I (we) will be attending on a full-time basis.
- ____ I (we) will be attending as weekend or part-time students. Please provide arrival and departure dates and meals required on page 2 of form.
- ____ I (we) will attend full-time but will leave prior to the last Saturday lunch.

(See Additional Information on page 2)

Our opportunity to Serve (Galatians 6:9-10)

Let us not grow weary in well doing, for in due season we shall reap, if we do not lose heart. So then, as we have opportunity, let us do good to all men, and especially to those who are of the household of faith.

- Please list the first name of the person willing to serve:
- | | |
|---|---------------------------|
| _____ Organists/Pianists | _____ Equipment Moving |
| _____ Recording Assistance | _____ Teen Devotions |
| _____ Family of God Leader | _____ Teen President |
| _____ Night Patrol Volunteer | _____ Daily News Bulletin |
| _____ *Youth Program Teacher | _____ Presider |
| _____ Youth Program Morning Helper | _____ Bookstore Helper |
| _____ Youth Program Evening Helper | _____ Adult Sports |
| _____ Youth Program Sports Helper | |
| _____ I will serve where help is needed | |
| _____ Other: _____ | |
- *Especially needed Teachers!

2025 MEDICAL PERMISSION FORM FOR YOUTH ATTENDING WITH A SPONSOR
(REQUIRED IF YOUR CHILD IS ATTENDING WITH A SPONSOR)

I, the undersigned, as the parent/legal guardian of _____

do hereby give my permission to _____ to authorize any first aid or
 (Sponsor's name)

medical care deemed necessary for the above-named youth in case of a medical emergency during the weeklong 2025
 Mid-Atlantic Christadelphian Bible School.

Parent/legal guardian (please print name) _____

Signature: _____ Date _____

**Please give a copy of your Medical Insurance Card and a copy of this Medical Permission Form to
 the Sponsor to carry with them!!**

<p>SPECIAL NEEDS: Please explain any medical problems, special needs, food allergies or learning disabilities here:</p>

2025 PART TIME STUDENTS (please check desired meals and lodging needs).

Rates will be communicated	1 ST SAT	SUN	MON	TUES	WED	THURS	FRI	2 ND SAT
BREAKFAST	XXXX							
LUNCH	XXXX							
DINNER								XXXX
LODGING								XXXX

FAMILY E-MAIL/TELEPHONE INFORMATION FOR ADDRESS LIST / EMERGENCIES
 (Print or type legibly)

Name	E-Mail Address	Preferred Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____