



1st Annual Deaf Jewish Believers Conference
‘G-d Misses You!’
Camp Allendale, 4605 S. Allendale Drive, Trafalgar, IN 46181
September 12-14, 2025

Please Print Clearly

Name _____ BIRTHDATE ____/____/____

Address _____ City _____ ST____ Zip Code _____

Email _____ Phone/VP _____ Cell/Text _____

I AM Male ____ Female ____ (for lodging assignment)

T-SHIRT SIZE (Check one) ADULT SIZE S ____ M ____ L ____ XL ____ XXL ____ XXXL ____

EMERGENCY CONTACT (We **MUST** be able to reach this person during the Conference)

Name _____ Relationship to you _____ Phone/Text _____

Let us know if you need a ride to/from airport / bus / train station (date, time, flight/train/bus #, etc)

Arriving Date _____ **Time** _____ **Flight/train/bus#** _____

Departing Date _____ **Time** _____ **Flight/train/bus#** _____

DJB IS NOT RESPONSIBLE FOR TREATMENT OF INJURY, ILLNESS, ETC.

PLEASE LIST allergies, food restrictions, physical limits, and accommodations needed, etc.

Food Allergies/Restrictions _____

Accommodations needed _____

Bring your own sheets/blankets/sleeping bag/pillow/towels.

Registration Information: Includes lodging, 5 meals/snacks, workshops/presenters, recreation, transportation between Indianapolis and Camp Allendale, more...

Payment - \$200 if Paid by check June 30 (\$206 if paid through [Tithe.ly](https://www.tithe.ly) or PayPal)
\$225 if Paid by check July 30 (\$233 if paid through [Tithe.ly](https://www.tithe.ly) or PayPal)
\$250 if Paid by check August 30 (\$260 if paid through [Tithe.ly](https://www.tithe.ly) or PayPal)

By check or money order payable to Deaf Jewish Believers (mail to 4682 S 550 E, Franklin, IN 46131)

At [Tithe.ly.com](https://www.tithe.ly) and PayPal.com - Organization name is ‘Deaf Jewish Believers, Inc.’

Email: treasurerdeafjb@gmail.com

Website: [DeafJewishBelievers.org](https://www.DeafJewishBelievers.org)

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