

YOUTH REGISTRATION FORM

Please print clearly

Female Male Birth date: _____ grade as of September 2007 (must be confirmed) _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Phone number: (_____) - _____

Congregation name: _____

City/State: _____ WELS district: _____

Pastor's name: _____

Special needs: wheelchair sign language other (please specify): _____

CHECKLIST

advance payment of \$100 (balance due May 1st) pastor's signature

SUBSTITUTION

check here if this is a substitution (*No subs after June 15. Please only substitute males with males and females with females.*)

Name of person you're replacing _____

CANCELLATIONS

A \$100 charge will be made for cancellations before May 1st. No refunds will be made on or after May 1st.

All cancellations and substitutions must be made in writing.

SIGNATURES

I give my permission for my son/daughter to participate in the 2008 WELS Regional Youth Rally. I further authorize the Youth Leader whose signature appears below to consent to any emergency medical treatment necessary for my son/daughter while attending or traveling to and from the Rally. I declare that my child is covered by primary accident and medical insurance and assume all responsibility and liability for injury to my child. Finally, I give the WELS Youth Rally permission to use any still or video images of my child in future rally publicity.

Parent/Guardian signature _____ Date _____

I agree to participate fully in all rally events.

Participant signature _____ Date _____

I have reviewed this form and certify the participation of this individual at the youth rally.

Pastor's signature _____ Date _____

Youth Leader signature _____ Date _____

Space is limited. Reserve your spot today!