



\$35 per person

YOUTH & YOUNG ADULT

REGISTRATION

Last Name: _____ First Name: _____ Age: _____

Address: _____ City: _____ Zipcode: _____

Church Affiliation: _____

Youth Director/ Point of Contact: _____

Gender: Male/Female

Parent/Guardian Name: _____ Phone: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Are there any medical conditions or medications that we should be aware of:
