



Youth Registration

Grades 6 - 8

PLEASE PRINT OR TYPE.
FILL OUT ONE FORM PER YOUTH AND GET PARENT/GUARDIAN'S SIGNATURE.

NAME (FIRST, M. I., LAST) _____
PHONE _____ BIRTH DATE (MONTH, DAY, YR) ____ / ____ / ____
STREET ADDRESS _____ MALE FEMALE
CITY _____ STATE _____ ZIP _____
EMAIL ADDRESS _____ GRADE _____
CONGREGATION _____ CONGREGATION CITY _____
SPECIAL NEEDS _____

Roommate suggestion: Sleeping rooms are typically assigned four people per room with an adult in the room where possible.

1) _____ 3) _____
2) _____

I agree to participate fully in all Gathering activities and abide by all Gathering rules.

Youth Participant signature _____

I give permission for my son/daughter to participate in the 2015 Middle School Youth Gathering. I authorize the adult leaders to consent to any emergency medical treatment necessary for my son/daughter while at the 2015 Middle School Youth Gathering. I agree to assume all responsibility and liability for injury to my child. If my son/daughter does not follow Gathering and hotel rules, I agree to come to Mandan to pick up my child.

Parent/Guardian signature _____

Registration with housing:

___ Advance payment of \$80 enclosed.
\$80 payment due October 22.

___ Full payment of \$160 enclosed.
___ Cash _____ Check number

Registration without housing and breakfast:

___ Advance payment of \$65 enclosed.
\$65 payment due October 22.

___ Full payment of \$130 enclosed.
___ Cash _____ Check number

Make checks payable to: ND District LC-MS

Give this completed form and your payment to your **Adult Counselor**. If you do not have an Adult Counselor, you may send in this form yourself and an Adult Counselor will be assigned to you.

Send this form & registration fee to:

Pat Sebastian
3000 Bernell Drive
Bismarck, ND 58503
patsebbis@aol.com
(701) 258-1381 or (701) 471-3289

Refunds will be given for cancellations if someone from our waiting list takes your spot!