

Event Information

Name of Event	Date(s)		City ST		
Registrant Section					
Last	First	MI	Date of	f Birth	O Male O Female
Street Address			Home I	Phone	Cell Phone
City	ST	Zip	Registrant E-mail Address		
 O I intend to receive the Lord' O I have attended a Higher Thin 			O Youth	O College (Please indicate one a	
Group Church Name		City	ST		Group Leader's Name
Home Church Name (if different) Parent/Guardian Sectio	DN (required for min	City or youth participants o	st only)		Pastor's Name
Last	First		Home	Phone	Cell Phone
Address (if different from above.) I grant permission for my mino	City r child, named above	ST e on this form as "Re	Parent/Guardian's E-mail Address strant'', to attend the Higher Things event listed above. I assume all		

responsibility and liability for injury to said minor while at the conference. I also give Higher Things, Inc. permission to use any still, audio, or video images of my child in conference publicity and news releases.

Parent/Guardian Signature

Date

Adult Registrant Section

I understand that I am being given an opportunity to participate in an event that is intended for youth. I will not interfere with the enjoyment or participation of the youth, and will strive to accommodate their needs before my own. I understand that I am welcome to attend all catechesis sessions, but will try to reserve questions for the instructor until after the session so as not to deter youth participation and interaction.

Adult Registrant Signature

Date

All those attending a Higher Things Retreat or Conference should complete a Registration Form for that event.