

Youth Registration

Name _____ M / F

Address _____

City _____ Zip _____

State _____ Phone _____

Email _____

I do not wish to receive future emails from the Synod Office.

Shirt Size (*Add \$12 to registration price*):

Adult Sizes: SM MED LG XL XXL XXXL(\$15)

Congregation/City _____

"I agree to abide by the expectations and rules of this event"

Signature: _____

Early Registration: (Postmarked before June 30, 2009)

Cost: \$85.00 includes meals, lodging, and all other registration fees.

*Please send \$25.00 non-refundable deposit with registration and parental permission forms.

Late Registration: (Postmarked after June 30, 2009)

Cost: \$95.00 includes meals, lodging, and all other registration fees

*Please send \$30.00 non-refundable deposit with registration and parental permission forms.

Make Checks payable to Lower Susquehanna Synod. Single checks from congregational accounts are greatly appreciated.

Mail Registration to:

Lower Susquehanna Synod
Alive, Alive Event
900 S. Arlington Ave., RM. 208
Harrisburg, PA 17109

Registration Deadline: postmarked by August, 15.

No phone registrations accepted. Registration always fills up quickly, and we have had to turn people away in past years.

Parent Permission

_____ (child's name) has my permission to participate in Alive, Alive on September 18-20, 2009 at Camp Nawakwa.

In case of emergency, I can be contacted by calling...

(home) _____

(work) _____

(cell) _____

or contact...

(name) _____

(phone) _____

In the event that I cannot be found, permission is given to have treatment in a medical facility as deemed necessary.

Parent/Guardian Name _____

Medical Insurance Carrier _____

Policy # _____

Youth Medical Form

Name _____ M / F

Date of last Tetanus shot _____

Allergies

Medications being taken

Are there any special needs or concerns?

I give permission for my child to receive over-the-counter medications in the event of a minor ailment.

Parent/Guardian Signature _____