



Youth Registration Form! 2008/2009
 For all Middle School & High School Youth!
 (Grades 7th-12th)

Parent/Guardian Name(s): _____

Address: _____

City: _____ Zip Code: _____

Phone: (H): _____ (W) _____ (C) _____

(W) _____ (C) _____

Email Address: _____

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Youth's Name: _____ Nicknames: _____

Birth Date: _____ Age: _____ Grade: _____ School: _____

Email Address: _____

Medical Concerns/Allergies? _____

Name one place you would like to travel to on a mission trip? _____

Name one event or activity you would like to do? _____

(example - Ice Skating, BWCA, Camping, Retreat, MOA, Lock - IN, Movie Night, Twins Game.... The list could go on and on... so what do you want to do?)

List Four Hobbies That you have:

1) _____ 2) _____

3) _____ 4) _____

(Please return to Sarah Grans' Office ASAP!)

