



# Teen Counselor Registration

## Grade 9 through age 20

PLEASE PRINT OR TYPE.  
FILL OUT ONE FORM PER TEEN COUNSELOR INCLUDING REQUIRED SIGNATURES.

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 \_\_\_\_\_

**Required:**  
*This person agrees to abide by the Gathering covenant, has read the counselor handbook and would serve as a positive role model for younger students at the Gathering.*

Pastor/DCE/Adult Counselor signature \_\_\_\_\_  
*If you will not have an Adult Counselor at the Gathering, you may send in this form yourself and an Adult Counselor will be assigned to you.*

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

Teen Counselor signature \_\_\_\_\_

I give permission for my son/daughter to participate in the 2020 Youth Gathering. If my son/daughter does not follow Gathering and hotel rules, I agree to come to Bismarck to pick up my child.

Parent/guardian has completed the Medical Consent and Liability and Activity Release form.

Parent/Guardian signature \_\_\_\_\_

### REGISTRATION FEE (\$130):

*The registration fee includes program costs, Thursday supper, Friday breakfast, lunch and supper, Saturday breakfast and snacks.*

\$130 (all sessions) \$ \_\_\_\_\_

### PRORATED REGISTRATION FEE: *Partial attendance at the Gathering is allowed. Registration for each session is \$25. Please check which sessions you plan to attend.*

Thurs evening       Fri morning       Sat morning  
 Fri afternoon  
 Fri evening

No. of sessions x \$25 = \$ \_\_\_\_\_

### HOUSING: *Attendees are welcome to stay at home or with family and friends Thursday and Friday nights. Attendees will be expected to sign out and in with the Gathering Registrar during the Gathering.*

I will be staying at home, with family or friends.  
Name of family/friends \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

*Those who wish to stay in our room block at the Ramada Inn, Bismarck, ND, on Thursday and Friday nights, please check the following option.*

1 person/room x 2 nights      \$215/person       3 persons /room x 2 nights      \$ 75/person  
 2 persons/room x 2 nights      \$110/person       4 persons/room x 2 nights      \$ 55/person

Roommate(s) requested: \_\_\_\_\_  
\_\_\_\_\_

Amount for housing \$ \_\_\_\_\_

Total registration + housing (\$50 deposit requested) \$ \_\_\_\_\_

Make checks payable to **ND DISTRICT LCMS**  
Mail or email this completed form to: Pat Sebastian • 3000 Bernell Dr • Bismarck, ND 58503  
You may also register via text to (701) 471-3289 or Facebook Messenger.

**REGISTRATION FORM AND DEPOSIT DUE SUNDAY, OCTOBER 11**