



Youth Registration

Grades 6 - 8

PLEASE PRINT OR TYPE.
FILL OUT ONE FORM PER YOUTH. MUST INCLUDE 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 _____

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 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.

- | | | | |
|--|--------------|---|--------------|
| <input type="checkbox"/> 1 person/room x 2 nights | \$215/person | <input type="checkbox"/> 3 persons /room x 2 nights | \$ 75/person |
| <input type="checkbox"/> 2 persons/room x 2 nights | \$110/person | <input type="checkbox"/> 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