



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 (IF ANY) _____

Required:

This person agrees to abide by the Gathering covenant and understands their role at the Gathering is to serve as a positive role model for younger students.

Pastor/DCE/Adult Counselor signature _____

If this Teen Counselor 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 2022 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 (\$150):

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

\$150 (all sessions) \$ _____

PRORATED REGISTRATION FEE: *Partial attendance at the Gathering is allowed. Registration for each session is \$30. Please check which sessions you plan to attend.*

- Thurs evening Fri morning Sat morning
 Fri afternoon
 Fri evening

No. of sessions x \$30 = \$ _____

PLUS HOUSING: *Attendees are welcome to stay at home or with family and friends Thursday and Friday nights. Attendees will be expected to sign in/out with the Gathering Registrar when they arrive/depart from the Gathering.*

I will be staying at home, with family or with friends.

Name of family/friends (if different than above) _____

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 \$200/person 3 persons /room x 2 nights \$ 65/person
 2 persons/room x 2 nights \$100/person 4 persons/room x 2 nights \$ 50/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 Drive, Bismarck, ND 58503 · patsebbis@aol.com
You may also register via text to (701) 471-3289 or Facebook Messenger.

REGISTRATION FORM AND DEPOSIT DUE WEDNESDAY, OCTOBER 5