



# 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 (IF ANY) \_\_\_\_\_

*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 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 = \$ \_\_\_\_\_

**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 \_\_\_\_\_  
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**