

LYO Assembly
June 7, 2008

Individual Registration

(to be filled out for each person attending the event)

Male/Female Age: _____ Grade in School: _____
Name: _____
Phone: _____ E-mail: _____
Address: _____
City: _____ State: _____ Zip: _____

Emergency Contact:

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

Congregation: _____ City: _____
Adult Leader (s) _____

I authorize the LYO Gathering Staff to arrange for emergency medical care for my child, should such be required.

(Parent Signature)

(Date)

Please return this completed form to the adult leader of your group.

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