

**NORTHWEST YOUTH CONFERENCE - NOVEMBER 6-8, 2014
INDIVIDUAL REGISTRATION FORM**

Please check the appropriate box:

<input type="checkbox"/> Pastor	<input type="checkbox"/> Youth Pastor	<input type="checkbox"/> Youth Worker
<input type="checkbox"/> Teen Boy	<input type="checkbox"/> Teen Girl	<input type="checkbox"/> Missionary

Name:	Age:	Grade:	Sex:
Address:			
City, State & Zip:			
Home Phone Number:			
Parent's Name:			
Church Name:			
Pastor's Name:			
Did You Attend the NWYC Last Year?			
T-Shirt Size: *\$3 additional charge for XXL and above Select one: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL *XXL <input type="checkbox"/> *XXXL <input type="checkbox"/>			

- I wish to stay in the hotel** and have enclosed my non-refundable registration fee of:
 (MARK ONE) \$120.00 **by** Oct. 1st \$130.00 **AFTER** Oct. 1st \$135.00 **AFTER** Oct. 26th
- I **do not** want to stay in the hotel and have enclosed my non-refundable registration fee of:
 (MARK ONE) \$80.00 **by** Oct. 1st \$85.00 **AFTER** Oct. 1st \$90.00 **AFTER** Oct. 26th

I understand that Greater Portland Baptist Church is unable to arrange housing in church family homes.

- ⇒ **U.S. Funds** are required for **ALL** fees and charges.
- ⇒ Registration is **NOT** complete without registration fee.
- ⇒ Early registration must be postmarked by October 1st, 2014.
- ⇒ Please list important medical information on the bottom of registration form.
- ⇒ If using the group registration form, **please do not** send us the individual registration forms.
- ⇒ Give the individual registration form to your group leader. Your group leader will send in the group registration. Group leaders should bring individual registration form with them to the NWYC.

Thank you for your cooperation...There can be NO exceptions!

IMPORTANT MEDICAL INFORMATION

In case of an emergency, I understand every effort will be made to contact the parent or guardian of the person named below. In the event I cannot be reached, I hereby give permission to the physician selected by the conference director to hospitalize and secure prompt treatment for, and order injection or anesthesia or surgery for my child as named below. I also affirm that the medical information on this form is both complete and correct.

Name:
Please list any allergies or special medical problems: _____
Medical Insurance Name:
Policy No:
Doctor's Name:
Patient's Name:
Home Phone:
Parent's or Guardian's Signature:
Personal Commitment: I, _____ (NWYC Delegate's Signature Required), agree to follow the guidelines written in the NWYC brochure and I will respect the leadership while attending the NWYC. I understand if I choose not to follow these guidelines, the consequences may result in my being sent home at my parents'/guardian's expense.