

# CREW

## 2008 YOUTH UNLIMITED CONVENTION REGISTRATION

Please send this registration form together with your roommate's form to  
Convention • Box 7259 • Grand Rapids, MI 49510

PLEASE TYPE OR PRINT CLEARLY

**\*\*Please turn over for PAYMENT INFORMATION and REQUIRED signatures.\*\***

OFFICE USE ONLY

Date: \_\_\_\_\_

Reg. #: \_\_\_\_\_

Check #: \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Sex:  M  F Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ First name as you would like it to appear on name badge \_\_\_\_\_

Church Name \_\_\_\_\_ Church Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

T-shirt size:  S  M  L  XL  XXL

### EMERGENCY CONTACT FOR JULY 25-29, 2008

Name \_\_\_\_\_ City \_\_\_\_\_ State/Prov. \_\_\_\_\_

Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

**ROOMMATE** You may identify one person with whom you want to share a room. Youth Unlimited will select a roommate for persons who do not specify one. Name \_\_\_\_\_

### INSURANCE/MEDICAL

Do you presently have health insurance  Y  N

Health Insurance Carrier \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Subscribers Name \_\_\_\_\_

Does your insurance company require pre-authorization for non-emergency medical treatment  Y  N

Provincial Health Insurance #(Canadian Only) \_\_\_\_\_

Please describe any pre-existing conditions you may have \_\_\_\_\_

Please list any food or drug allergies you may have \_\_\_\_\_

Please list any medications you take regularly \_\_\_\_\_

### CREW OPTIONS

Please choose ONE of the options below:

NOTE: Crew positions are filled on a first-come, first-serve basis according to postmarked date. There are a limited number of crew positions.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Information Center   | <input type="checkbox"/> Security - Daytime (must be 25 or older)   | <input type="checkbox"/> Convention Store |
| <input type="checkbox"/> Medical Personnel    | <input type="checkbox"/> Security - Nighttime (must be 25 or older) |   |
| <input type="checkbox"/> Recreation Assistant | <input type="checkbox"/> Transportation (driver, VIP host)          |   |

Prior approval needed. Check one.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Headquarters           | <input type="checkbox"/> Seminar Leader | <input type="checkbox"/> Resident Director    |
| <input type="checkbox"/> Professional Counselor | <input type="checkbox"/> Prayer Team    | <input type="checkbox"/> Technical Assistance |

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Please list any physical limitations you may have \_\_\_\_\_

**Please turn over for important payment information and REQUIRED signatures.**

REGISTRATION

