

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 #: _____

This Registration is for: Youth Adult Pre-Registration*

*to Pre-Register a group between Oct. 1, 2007 and Feb. 1, 2008 fill out Pre-Registration portion in the shaded box below.

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 _____

YOUTH APPLICANTS ONLY

School Name _____ City _____ Grade completed by 7/25/08 _____

Please send me a talent audition form Please send me advanced seminar information

CONVENTION PRE-REGISTRATION BY CHURCH GROUP BETWEEN OCTOBER 1, 2007 and FEBRUARY 1, 2008

Contact Person _____ Address _____

City _____ State/Prov _____ Postal Code _____

Phone # _____ E-mail _____

Church Name _____ Church Address _____

City _____ State/Prov. _____ Postal Code _____

Reserve _____ youth _____ adult total package spaces x \$50 USD/ \$75 CAD = \$ _____*

(*Payment information on back. Remaining payment and full registration for each participant is due on or before April 1, 2008.)

REGISTRATION

