

For Office Use Only Group # _____ <hr/> Check # _____ _____

Massanetta Middle School Conferences 2008

Participant Registration Form Part A (Advisors & Youth)

All the blanks in the form below must be completed in order for us to register you. Please complete this form by typing or printing legibly. Please coordinate with your group leader for answers to Conference Session, Church and Presbytery.

Participant's Name (as to appear on nametag) _____ Role: Middle School Youth _____
 Adult Advisor _____

Home Address _____ City, State and Zip Code _____

Phone Number _____ Email Address _____

Gender: Female Male
 Have you been to this conference before? Yes No
 Grade (completed by June 2008) 6th 7th 8th Adult
 T-shirt size (ALL are adult sizes): S M L XL XXL XXXL XXXXL

Parent's/Guardian's Name(s) (not required for Adult Advisors) _____

Parent's/Guardian's Phone Number (not required for Adult Advisors)
 DAY () _____ NIGHT () _____

Secondary Emergency Contact (or Primary Emergency Contact if you are an Adult Advisor) _____

Secondary Emergency Contact's Phone Number (or Primary Emergency Contact's Phone Number if you are an Adult Advisor)
 DAY () _____ NIGHT () _____

Are there any medical (physical or mental) needs that we need to be aware of (allergies, medications, etc.)?

Are there any special dietary requests? (Please use the back of this form if you need more space)

Health Insurance Carrier (or "none" if uninsured) _____

Insurance Policy Number _____ Policy Member's Name _____

Workshops: please list your top five choices for the four workshops (see Information Sheet for the workshop descriptions and numbers)
 First choice _____ Second choice _____ Third choice _____ Fourth choice _____ Fifth choice _____

Conference Session: (Please note your first and second choice, as your first choice may not be available.)
 June 19th-22nd _____ June 24th-27th _____ July 10th-13th _____ July 15th-18th _____

Church/Group (name, city and state) _____ Presbytery _____
