

YAC '09 REGISTRATION



Please Print...

Name _____

Mailing Address _____

City _____ Zip _____

Parent/Guardian Name(s) _____

Emergency Phone(s) _____

Gender: Female Male Grade for 2008-09 _____

Email: _____

T-shirt size: *please circle* S M L XL XXL

Local Church: _____

District: _____

Parent/Guardian Signature: _____

Required

Pastor Signature: _____

Required

The Registration form, health form and check for \$150 are due to the Conference Office by Friday, May 22, 2009.
No registrations will be accepted after May 25, 2009, with out confirmation from the Conference Office.
Mailing Address: Youth Annual Conference PO Box 4553 Lincoln NE 68504