

Youth Convention

April 20-22, 2017

Group Registration Form

Office Use Only:

Rec'd: _____
 Chk #: _____
 # Regis: _____
 S: CL:

Please Print or Type Clearly:

Church Name: _____

Church Mailing Address: _____ Contact Email: _____

City/State/Zip: _____ Phone: (_____) _____

Contact Person: _____ Contact Phone: (_____) _____

Hotel you are staying at: _____

REGISTRATION FEE: \$55 per person
T-SHIRT PRE-ORDER: \$15 per shirt (Please list shirt size below.)
REGISTRATION DEADLINE: April 3, 2017

Please Print Clearly		T-Shirt Size:	Please Print Clearly		T-Shirt Size:
Name:	S - 2X	Name:	S - 2X	Name:	S - 2X
1.		16.		31.	
2.		17.		32.	
3.		18.		33.	
4.		19.		34.	
5.		20.		35.	
6.		21.		36.	
7.		22.		37.	
8.		23.		38.	
9.		24.		39.	
10.		25.		40.	
11.		26.		41.	
12.		27.		42.	
13.		28.		43.	
14.		29.		44.	
15.		30.		45.	

Make Check Payable & Mail To: **Total Due:\$**

NNED AG * Attn: Youth Ministries Dept. * 501 Riverside St. * Portland, ME 04103-1034

*Please send **ONE CHECK** for the total number of **registrations and t-shirts ordered** along with this Form.

**Registrations are not refundable, but are transferable upon cancellation

Youth Convention Registration ♦ Credit Card Information:

MasterCard Visa Discover

Total Charged to Card: \$ _____

Name as it appears on Card: _____ Card Holder **Billing** Zip Code: _____

Expiration Date: _____

Signature: _____

REGISTER ONLINE @ WWW.NNEDAOG.ORG/YOUTH.HTM

Lodging:

Each group will be responsible for making their own lodging arrangements. Please refer to the Hotel List for Lodging Reservation Details.

Parental Permission & Medical Authorization Releases:

It is the responsibility of the church to have secured proper written parental/legal guardian permission and emergency medical authorization releases for each individual attending this event.

WHO ARE YOUR ADULT CHAPERONES?

The following is to be completed for all persons involved in the supervision or custody of minors while attending Youth Convention. It is being used to help the District provide a safe and secure environment for those children and youth who participate in our District sponsored program.

Person in charge of the group at this district event: _____

List full names of all persons who will be attending this event in a supervisory or custodial capacity:

Please Print Clearly

Name:	Name:
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Does your church have a written child abuse policy on file? YES NO

PASTOR'S CERTIFICATION OF ADULT CHAPERONE(S):

The above-named person(s), is/are competent and qualified for work with minors. I know of no facts or allegations that raise any question concerning suitability for working with minors in the above stated District activity. **Those named above have completed a background check that is on file with this church.**

Lead Pastor's Signature* _____

* Participation in this district event will be denied for those acting in a supervisory/custodial capacity if this form is not signed by the Pastor.

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