"Here I Am: Christian Leadership Conference 2010
REGISTRATION FORM

June 11-13, 2010 **Culver-Stockton College Canton, Missouri**

Registration Deadline _____May 21st, 2010

Complete following information and mail it to:
Culver-Stockton College, C/O Rev. Brent Reynolds, Chaplains Office
One College Hill Canton, MO 63435

Circle One: 10th Grade 11th Grade 12th Grade Adult Sponsor College Volunteer

Name: _____ First Name for Badge: _____
First Middle Last

Mailing Address: _____
Street City State Zip

Phone: ( ) _____ Email Address: _____

☐ Female ☐ Male Age: _____ Date of Birth: _____ School Grade this Year: _____
month/day/year

If Youth: Adult(s) responsible for you at Culver Conference (Must be completed)

_____

I'm with the group from _____ Christian Church in _____

Minister's Name: _____ Youth Leader's Name: _____

Special Meals Needed: (Please indicate below your meal preference. If allergic to certain foods, what are they?)
☐ None ☐ Vegetarian ☐ Allergies: _____

Tee Shirt Size: ☐ **Small** ☐ **Medium** ☐ **Large** ☐ **XL** ☐ **XXL** ☐ **XXXL**

Conference Policies

1. Alcohol and tobacco are forbidden at Culver-Stockton College
2. Illegal drugs, weapons, fireworks, and other hazardous materials are forbidden.
3. Culver Conference is a "lock-in" event. NO youth may leave campus without an adult sponsor and the knowledge of the Leadership Team.
4. Sponsors will be responsible for their youth.
5. Sponsors are expected to attend "Sponsor Orientation."

I understand and accept these policies.
Signature:_____

~~**Registration Fee Enclosed: _____ $75 Registration**~~

~~**Mail registration with fee (payable to Culver-Stockton College) to:**~~
~~**Culver-Stockton College, One College Hill Canton, MO 63435 — Attention: Brent Reynolds**~~

FOLLOWING INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN OF YOUTH

Father: _____
First Name Last Name

Mother: _____
First Name Last Name

Address: _____

Phone: _____
(Telephone # where Parent/Guardian can be reached during conference if necessary)

PARENTAL PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission for the event director to obtain emergency medical treatment from the physician of the director's choice.

Parent's Signature: _____
Date: _____

Other Emergency Contact: _____
Name Phone Number

Medical Information: (Illness, allergies, current medications or problems of current concern)

_____
_____
_____