



# REIGNITE YOUTH CONFERENCE

## REGISTRATION FORM

April 28<sup>th</sup> – 29<sup>th</sup> 2017

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relation \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Church or Group Attending With \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Photos and video will be taken at this event and may be distributed for the purpose of documenting and promoting this event and future events hosted by Reignite Youth Conference and Gulfview Grace Brethren Church. It is likely that your student may be included in photo/video media to some extent.