

Seventh Day Adventist Reform Movement Eastern US Region: **SUMMER YOUTH SEMINAR**

Registration Form

Please provide the following information to the best of your knowledge.

Please be sure to complete both sides of this form.

Please submit completed forms to:

5248 Hollins Road, Roanoke, VA 24019 or secretary@vcsdarm.org

PERSONAL INFORMATION

Name: _____ Birth Date: ___/___/_____ Circle: Male | Female

Address: _____ Phone: (____) _____ - _____

City: _____ State/Province: _____ Zip/Postal Code: _____

CONTACT

(Please provide the name of someone to contact in case of emergency)

Contact Person: _____ Relation to attendee: _____

Contact telephone (____) _____ - _____ Contact's city, state: _____

MEDICAL HISTORY

All information held confidential. Qualified medical staff will be available during seminar.

List any medications you take: _____

List any allergies (including food allergies): _____

Physical difficulties that we should be aware of: _____

PARTICIPANT'S AGREEMENT

Please read the *Guidelines for Conduct* before signing below.

I agree to respect those in responsibility, to do my part in fulfilling the purpose of this Seminar, and to be abide by the Guidelines for Conduct at all times. I understand that should I fail to do so, I will be sent home at my expense and will forfeit all registration fees.

Signed _____ Today's Date ____/____/____

Please be sure to sign and date the Release Form and include it to complete your registration.

PLEASE WRITE A SHORT DESCRIPTION OF WHY YOU WOULD LIKE TO ATTEND THIS SEMINAR.

FINANCIAL INFORMATION

Cost including food, lodging, and some activities for the seminar program is USD\$650. You may include payment with this form, or pay upon arrival at the seminar.

- I am enclosing a \$100 deposit with this form.
- I am enclosing full payment of \$650 with this form
- I will present payment upon arrival
- Other forms of payment

Registrations made on or by **May 30, 2024** may take a **10% discount**.

PARENT'S AUTHORIZATION

(If you are under the age of 18)

As a parent or legal guardian, I am in favor of this child attending the Youth Seminar. I have read and signed the bottom section of the Release Form, and agree to my child participating in the activities at the Seminar.

Parent's Signed _____ Today's Date ____/____/____