

strengthto**stand**



STUDENT CONFERENCES

C o u n s e l o r R e g i s t r a t i o n F o r m

Name: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone : (____) _____ Work Phone: (____) _____

E-mail address: _____

Church: _____

Name of person to contact in case of emergency: _____

Home Phone: (____) _____ Other: (____) _____

If there is any special information we need to know about please give details in the space provided or continue on back of form. (Medication, Allergies, Etc.).

I have read and understand all the rules of the Strength to Stand Conferences. By signing this form I agree to conduct myself in a Christian manner and help the staff of the Conference encourage each youth into a deeper relationship with Jesus Christ.

Date

Counselor Signature

Signature of Group Leader