

# GBC Youth Conference 17

Name: \_\_\_\_\_ Male/Female \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_  
Phone # \_\_\_\_\_ Email: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Church: \_\_\_\_\_ Pastor: \_\_\_\_\_  
Shirt Size: \_\_\_\_\_

\*By signing this I agree to abide by all the rules provided at this conference. I will cooperate with the dress and will comply in all areas.

Delegate/Counselor Signature: \_\_\_\_\_

## Medical Info

- If there are any medical complications such as allergies or medicine needed please list them below.

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Parent/Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_