

GBC Youth Conference 19

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.

Parent/Guardian's Name: _____

Signature: _____ Date: _____