

2011-2012 Event Registration



Part 13 - Individual Information

Please send parts 12 & 13 to Youth Encounter by the standard deadline.

Address: Youth Encounter • 3490 Lexington Ave. N. • St. Paul, MN 55126 Fax: 651.287.9689

Youth Encounter respectfully requests that the group leader fill out this form. Youth Encounter uses the names and phone numbers of participants' parents to contact them for feedback on their child's experience at the event and to ask for support of Youth Encounter's ministries. Youth Encounter will never sell or release information to anyone outside of Youth Encounter.

Event: _____ **Event Date:** _____ **Church:** _____ **Zip:** _____

Church Phone: _____ **Group Leader:** _____ **Group Leader Phone:** _____

Youth Adult

Participant's Name: _____

Parent/Guardian/Spouse: _____

Address: _____

City, State, ZIP: _____

Home Phone: _____

Email: _____

Youth Adult

Participant's Name: _____

Parent/Guardian/Spouse: _____

Address: _____

City, State, ZIP: _____

Home Phone: _____

Email: _____

Youth Adult

Participant's Name: _____

Parent/Guardian/Spouse: _____

Address: _____

City, State, ZIP: _____

Home Phone: _____

Email: _____

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Youth Adult

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Home Phone: _____

Email: _____