



2009-2010 Event Registration

Individual Information Form



Please send to Youth Encounter by the Standard Deadline.

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 City, State _____ Church Name: _____

Church City, State, and 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: _____

Youth Adult

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City, State, ZIP: _____

Home Phone: _____

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Youth Adult

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Home Phone: _____

Email: _____