

Individual Registration



All Saints Youth Retreat:
How to Argue About Jesus

November 3 - 5, 2006

Zion Lutheran Church
Historic Marshall, Michigan

zionmarshall.org/retreat.htm

Name:

Last First MI Date of Birth / /

Home Address: () Male Female

Street Phone Number

City State Zip E-Mail Address

Youth Participant Adult (21+) Pastor

Parents' Names:

()
Parents' Street (Complete if parental information is different from above.) Phone Number

City State Zip E-Mail Address

Disabilities dietary or other special needs: _____

Congregation Information: _____
Name City State Zip

I intend to receive the Lord's Supper at the Divine Service: No Yes

_____/_____/_____
Participant's Signature Date

Parent/Guardian Section (youth participants only)

I give permission for the above-named minor to participate in the HIGHER THINGS ALL SAINTS RETREAT at Zion Lutheran Church, Marshall, Michigan, November 3-5, 2006. I authorize the adult leader whose signature appears below to consent to any medical treatment necessary for said minor while attending or traveling to/from the retreat. I assume all responsibility and liability for injury to said minor. I also give Higher Things, Inc. and Zion Lutheran Church permission to use any still or video images of said minor in retreat publicity and news releases.

_____/_____/_____
Parent's/Guardian's Signature Date

Pastor's Section

I have reviewed this form, and approve this individual's registration No Yes

This individual is a communicant Lutheran in fellowship with the LC-MS and may partake in the Lord's Supper. No Yes

_____/_____/_____
Pastor's Signature Date

Group/Adult Leader Section

I have reviewed this form, and approve this individual's registration No Yes

_____/_____/_____
Group Leader's Signature Date

THIS FORM MUST BE SENT BY THE CONGREGATIONAL GROUP LEADER WITH THE GROUP REGISTRATION FORM AT THE TIME OF REGISTRATION. COPY AS NEEDED.