

Northern New England District Youth Ministries
Youth Convention '10
 Group Registration Form
 Due to limited seating, **no walk-ins will be accepted!**

Office Use Only:	
Rec'd:	_____
Chk #:	_____
# Regis:	_____
Conf:	<input type="checkbox"/>
Reg:	<input type="checkbox"/>

✍ Please Print or Type Clearly:

Church Name: _____

Church Mailing Address: _____ Contact Email: _____

City/State/Zip: _____ Phone: (____) _____

Contact Person: _____ Contact Phone: (____) _____

DISTRICT REGISTRATION FEE: \$40.00 / PERSON
DISTRICT REGISTRATION DEADLINE: APRIL 5, 2010

*Please send **ONE CHECK** for the total number of registrations along with this Form. **Registrations are not refundable, but are transferable upon cancellation.**

*In case of Emergency, we will be staying at: _____.

Lodging: Each group will be responsible for making their own lodging arrangements. **Please refer to Hotel List for Lodging Reservation Deadlines.**

Parental Permission & Medical Authorization Releases: It is the responsibility of the church to have secured proper written parental / legal guardian permission and emergency medical authorization releases for each individual named below.

✍ Please **print clearly** the names of each individual in your group registering for the Convention [please include & indicate group leader(s)] (Attach separate sheet of paper for additional names, if necessary):

Last Name:	First Name:	Last Name:	First Name
1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	
Make Check Payable & Mail To: N.N.E.D. A/G * Attn: Youth Ministries Dept. * P.O. Box 611 * Portland, ME 04104-0611			Total Amount Due: \$

Over, Please ☞

ACTIVITY SUPERVISORY CERTIFICATION FORM

This form is to be completed for **all** persons involved in the supervision or custody of minors while attending any District activity involving children and youth. It is being used to help the District provide a safe and secure environment for those children and youth who participate in our District sponsored program.

***REMINDER: It is the church's responsibility to secure proper written parental/legal guardian permission and emergency medical authorization releases for each youth listed on the group registration form.**

PLEASE PRINT CLEARLY:

Name of District Event: Youth Convention '10 Date: April 15 - 17, 2010

Church Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Person in charge of the group at this district event: _____

List full names of all persons who will be attending this event in a supervisory or custodial capacity:

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

Does your church have a written child abuse policy on file? YES NO

PASTOR'S CERTIFICATION OF CHURCH WORKER(S):

I am personally acquainted with the above-named person(s), and in my opinion is/are competent and qualified for work with minors. I know of no facts or allegations that raise any question concerning suitability for working with minors in the above stated District activity. **Those named above have completed a screening application that is on file with this church.**

Pastor's Signature of Affirmation* _____

** Participation in this district event will be denied for those acting in a supervisory/custodial capacity if this form is not signed by the Pastor.*