

# *Cole Church Youth Over-Night*

**Registration for: May 2<sup>nd</sup> & May 3<sup>rd</sup>**

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Full Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Age: \_\_\_\_\_ School Grade: \_\_\_\_\_ Attending School: \_\_\_\_\_

Parent Contact Name/Phone Number: \_\_\_\_\_

\_\_\_\_\_

Allergies/Dietary Restrictions: \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ will abide by the rules set forth by COLE CHURCH YOUTH OVER-NIGHT for the duration of the event. In the event of misconduct or emergency, contact will be made to the parent listed above. General guidelines and rules will be made at the start of event.

Participant Name (Printed): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_