

Youth Regional Assembly

6th-12th grade

April 18-20, 2008

- Event **begins** with registration at 7:00 p.m. on Friday at First Christian Church, 401 E. Second Street, Washington, 27889 and **ends** at 10:00 a.m. on Sunday after worship at First Christian Church, Washington.
- The cost is only **\$50.00** and this covers your lodging for both nights at First, Washington, Regional Assembly Registration, all meals including Saturday Youth Luncheon, & T-shirt.
- You will need to bring your toiletries, sleeping gear (for sleeping on the floor), bathing suit, extra towels, work gloves, work clothes, clothes for church, Bibles, bug spray, sunscreen.
- Mail to: Christian Church in N.C., PO Box 1568, Wilson, NC 27894. Call Sue Halford if you have any questions. 252.291.4047

Each church must have an adult sponsor with a 3 to 1 ratio per gender!

Youth Assembly Weekend

April 18-20, 2008

\$50.00 - deadline is April 7

\$10.00 – late fee

- I am an adult sponsor
- I am a vegetarian.

Name _____

Address _____

City/State/Zip _____

Phone(_____) _____

Male/Female ___ Email _____

Church _____

Circle Grade 6 7 8 9 10 11 12

We have Youth & Adult T-Shirt sizes – choose only one!

T-Shirt (Youth) S M L

T-Shirt (Adult) S M L XL XXL

Parent Permission: Yes, I give permission for my child to attend this Regional Assembly Weekend event.

In case of an emergency: I understand that every effort will be made to contact a parent or guardian. In case I cannot be reached, I give permission to the physician selected by the adult leader(s) to hospitalize and/or secure medical treatment. .

Signed _____ Date _____

(Please complete the Health Form on the back!)

ALL YOUTH ASSEMBLY

6th – 12th Grade

Community Mission Work

Name _____

Address _____

City/State/Zip _____

Age _____ Date of Birth _____

Health Insurance Carrier _____

Policy Number _____

(Please bring a copy of Health Insurance card).

Medical History

General Health _____

Limitations _____

Special Diet (food allergies) _____

Allergies _____

Medications used to treat allergies _____

Doctor's Name _____

Office/Home Phone (_____) _____

Parental Consent

I hereby authorize the counselors to act for me according to their best judgement in any emergency requiring medical attention. I acknowledge that all the medical information given is accurate and up to date; I agree to notify the region if any medical change occurs before this event.

Parent/Guardian Signature _____ Date _____

Parents, will you be at the Assembly? Yes No

Parents Cell Number (_____) _____

Emergency Contact Person(s) _____

Phone Number(s) (_____) _____



Keynoter: Amy Gopp,
Assoc. Director for Week of Compassion

April 18-20, 2008
Washington, NC