Edit this form Gathering Registration Form - Blue Horizon * Required Male / Female * Participant Type * T-Shirt Size * Last Name * First Name * **Participant Age at Gathering**

	ade Level				
Street Address	3 *				
City *					
State *					
~					
7in Codo +					
Zip Code *					
Participant / A	dult Leader H	Home Phone			
(xxx) xxx-xxxx					
Participant / A	dult Leader (Cell Phone			
(xxx) xxx-xxxx					
Participant / A	dult Leader /	Primary Adu	lt Leader - Emai	l Address	
Required for Pri					
Congregation	Name *				
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Congregation (Parent / Guard If you are an add	City/State * lian Name * ult, enter 'Self'	k Phone *			
Congregation Congr	City/State * lian Name * ult, enter 'Self'	k Phone *			
Congregation Parent / Guard If you are an add	City/State * lian Name * ult, enter 'Self'	k Phone *			

Emergency Contact Phone (H	ome or Cell) *
Participant Agreement I agree to participate and cooper Gathering. I am willing to take ar	rate in every way at the 2015 Southern District Junior Youth n active part in all events
Yes	
for guidelines). I will lead my gro	ement elines and agree to abide by them (see Southern District web site up in full participation of all Gathering activities and am willing to e to serve as a Family Group Leader for the 2015 Southern District
Yes	
and audio/video tapes of myself	to have and use reasonable photographs, slides, moving pictures for purposes of legitimate Southern District records, public
and audio/video tapes of myself relations and/or advertising. Yes Special Physical Needs (Conf Please list any dietary restriction	for purposes of legitimate Southern District records, public fidentiality Maintained) as, medications, allergies, diabetes, conditions, or other illnesses.
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