



# 2010 NAPAD Youth Pre-Convocation Registration Form

August 3<sup>rd</sup> – 4<sup>th</sup>, 2010

Gwinwood Christian Conference

6015 30<sup>th</sup> Ave. SE, Lacey, WA 98503

**“Be Hope for the World”**

(Romans 15:13, Hebrews 3:6)

## Contact Information

Last Name	First Name	Middle Initial	Male / Female (Circle One)
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Address	City	State	ZIP Code
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( )	( )	( )	( )
Home phone number	Parent’s Work number	Parent’s Cell number	Your Cell number

Home Congregation/Organization	City	State
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Your E-mail Address	Preferred roommate (optional)
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## Travel Information

Arriving airport	Airline	Flight #	Date	Time
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Departing airport	Airline	Flight #	Date	Time
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**NOTE:** The closest airport to Gwinwood Camp and Seattle University is Seattle Tacoma (SEA-TAC) International Airport. Please make flight arrangements to arrive in Seattle, WA by 2:00pm on August 3, 2010.

## Health Information

Parent/Guardian’s Name \_\_\_\_\_

In case of emergency, please contact (Name): \_\_\_\_\_ (Phone #) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ ID Number: \_\_\_\_\_

Physician’s Name: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medicine to be taken and dosage: \_\_\_\_\_

## Covenant

I give my consent for \_\_\_\_\_ (name of participant) to attend the NAPAD Youth Pre-Event (and Convocation) to participate fully in the program. During his/her absence, for the period of the conference and the travel to and from, the adults in charge has my permission to authorize medical and/or surgical treatment for my daughter/son in the event that I cannot be reached immediately for my permission. If any of the information on the registration form changes between now and the time of the NAPAD Youth Pre-Event (and Convocation), I will send updated information with my child.

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

✓ **DEADLINE for Registration: July 13<sup>th</sup>, 2010**

**▶ Please send your COMPLETED registration form to Dr. Geunhee Yu, NAPAD, P.O. Box 1986, Indianapolis, IN 46206-1986**