

# Wisconsin High School Youth Gathering 2008 – Group Registration Form

Congregation: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Primary Adult Leader (PAL) - must be over 21: \_\_\_\_\_

PAL Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

PAL is (choose one) \_\_\_ Pastor \_\_\_ DCE \_\_\_ Full-time Youth Director \_\_\_ Part Time Youth Director \_\_\_ Volunteer

PAL works with this group \_\_\_ All the time \_\_\_ Just for this event Other: \_\_\_\_\_

PAL e-mail: \_\_\_\_\_ PAL Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

**Fees/Deposit Enclosed**

Total # Registrants \_\_\_\_\_ x ( \_\_\_\_\_ \$50, \_\_\_\_\_ \$110, \_\_\_\_\_ \$140) = \$ \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ Enclosed  
(deposit) (Before May 1) (After May 1) (non- capacity fees)

Non-Capacity Room Fees Three in a room (\$50)x \_\_\_\_\_ + Two in a room (\$100)x \_\_\_\_\_ + One in a room (\$150)x \_\_\_\_\_ = \_\_\_\_\_

Grade/Role:..... High School Participant - Indicate Current Grade  
 Under 21 Leader, Young Adult Leader Indicate YA  
 Over 21 Leader, Adult Leader Indicate AL  
 Primary Adult Leader (must be over 21) Indicate PAL

Male/Female:..... Indicate M = Male, F = Female

T-Shirt Size: ..... Indicate S, M, L, XL, XXL (*adult sizes*)

Special Needs:..... Indicate with an "X" and then specify on back

Funds:..... Send \$50 per person for registration  
 Check made payable to:  
 NWD/SWD Youth Gathering

Send to: ..... Poppy Elshaug, DCE  
 Divine Savior Lutheran Church  
 3200 Hwy K South  
 Hartford, WI 53027

**Please Print All Information Clearly, Thank You.**

<u>Room #</u>	<u>Last Name</u>	<u>First Name</u>	<u>Grade Role</u>	<u>(M/F)</u>	<u>T-Shirt Size</u>	<u>Special Needs*</u>
1	_____	_____	_____	_____	_____	_____
1	_____	_____	_____	_____	_____	_____
1	_____	_____	_____	_____	_____	_____
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____

Our group is larger than 20, please also see the attached Page (copy this sheet and continue)

**\*Special need notes should be written on the back of this form, Thank You.**