REGISTRATION FORM
Michigan Conference of Congregational Christian Churches
NAPF/HOPE Transportation Registration to Orlando, FL June 22-June 28, 2013

Total Cost: $400 - $500 (final price To be determined based on airfare cost: includes RT airfare, van rental, one checked bag, 2 nights hotel w/breakfast, 1 dinner.

***Please note – NAPF registration is separate and must be handled through the NA office. Please check naccc.org for details.*

☐ $400 checks made payable to MI PF

☐ $200 installment ___ of 2 (first payment due March 1, balance due May 1)

*****Important*** Make check out to MICHIGAN PF**

Send check (made out to Michigan PF), rules sheet, and this form to:
Claude Johnson, 504 W. Orange Street, Greenville, MI 48838

Please print **CLEARLY**
Full Legal Name – including middle if on ID (***as appears on photo ID***)

_____
Student e-mail address_____parent email_____
Mailing Street Address_____
City _____Zip Code _____ Phone (____)_____-_____
Birth Date _____ Grade _____Male ___ Female____
Cell phone number traveling with:_____

Counselor? Y or N - if Yes…
Counselor complies with Home Church Child-Abuse Policy – initial here _____
Church name and city_____
Name of counselor or advisor with you on this trip_____
Youth Advisor or Minister's
Signature:_____

MEDICAL INFORMATION
Name of Insurance Company _____
Does the young person carry card on their person? ____yes ____no
If no, please attach photocopy of card to this registration form.
Contract numbers which appear on the health card: _____
Name and phone number of Youth's Physician: _____
_____
Name of Person Who Carries the Coverage: _____
Please list any allergies (food, medicines, etc.): _____
Please list any medications currently being taken: _____
Authorization to dispense Tylenol or Ibprophen for minor pains: Yes___ No____ (If yes, circle preference)

Publicity Release:
By signing this registration form the undersigned agrees to allow the possible use of photographs and/or verbal quotes of the attendee for published promotional materials including but not limited to direct mailings, advertising flyers and internet web site information.
In case of emergency, an authorized member of the Michigan Youth Commission may seek treatment. I understand that every effort will be made to contact Parent/Guardian. If I cannot be reached, I hereby authorize a member of the State Youth Commission (as an agent for me) to seek and consent to the appropriate medical treatment for my child.

_____ _____ _____
Parent/Guardian Signature **Date** **Emergency Phone Number**
*****Also Important!*** Include signed rules sheet for all senior high (separate form from web site)**
ABSENCE OF ANY SIGNATURE VOIDS THIS REGISTRATION FORM.