**Thanksgiving Alive!**

**November 27 – 29, 2015**

**Registration Form and Permission Slip**

**Step 1: Please print NEATLY in dark blue or black ink.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Gender Identity** | **Grade (youth)****Age (youth/advisors)** |
| **Address, City, State, Zip** |
| **Phone Number** | **Email Address** |
| **Church Affiliation (if any)** | **Do you need transportation to the event? \_\_\_\_\_\_\_\_** **(Call the SWC office)** |
| **Parent/ Guardian Name** |
| **Parent/ Guardian Address (if different)** |
| **Home/Work Number** | **Cell Number** |
| **Additional Emergency Contact** | **Phone Number** |
| **Special Emergency Instructions** |
| **Do you need any special meal accommodations? No Vegetarian Vegan Other** **If “Other”, please advise:** |

**Step 2: Complete Southwest Conference medical release form.**

**Step 3: Read and sign a Youth/Advisor Covenant**

**Step 4: Mail all 3 forms AND check (Registration fee $50) by October 31st**

 **(Scholarships available. Contact SWC office for info or go to SWC website for form)**

**Southwest Conference UCC**

**917 E. Sheridan St.**

**Phoenix, AZ 85006**

I hereby give my youth (listed above) permission to participate and attend Thanksgiving Alive! Nov. 27 – 29, 2015

Parent/Guardian Signature Date