

Registration Form

Please complete both sides of this form and return with payment. Registrations will not be confirmed until payment is received.

Adult Registration

Name: *(as it will appear on your name tag)* _____

Spouse (if attending): *(as it will appear on your name tag)* _____

Address: _____

City: _____ Province: _____

Postal Code: _____ E-mail: _____

Phone: _____ FAX: _____

E-mail: _____ Spouse's E-mail: _____

By providing your e-mail addresses, please note that this will become the primary means of contacting you in regards to pre and post conference matters.

Homeschool Organization: _____

Leadership Position(s): _____

Youth Registration *

Name: *(as it will appear on your name tag)* _____ E-mail: _____

Birthdate: ____/____/____ (day/month/year)

Name: *(as it will appear on your name tag)* _____ E-mail: _____

Birthdate: ____/____/____ (day/month/year)

Name: *(as it will appear on your name tag)* _____ E-mail: _____

Birthdate: ____/____/____ (day/month/year)

Special Dietary Needs

Please describe any special dietary needs for any of the above attendees.

** Youth must be 14 years old by December 31, 2011, to participate in the youth program. Youth must be under the care and control of an adult attendee.*

