



Confirmation Retreat 2017

Sponsored by VoX

and

Illinois South Conference
of the United Church of Christ

FINAL REGISTRATION INSTRUCTIONS

The following forms, completed for each youth and adult chaperone, must accompany the Group Registration Form and registration fee:

For Youth

1. Youth & Adult Registration—Health Information Form, with **SIGNATURES** and with copies of insurance cards or a note that insurance is unavailable
2. Permission & Authorization Form with **SIGNATURES**
3. Youth Covenant Form with **YOUTH'S SIGNATURE**

For Adults

1. Youth & Adult Registration—Health Information form, with **SIGNATURES** and with copies of insurance cards or a note that insurance is unavailable
2. Permission & Authorization Form with **SIGNATURES**
3. Adult Covenant Form with **SIGNATURE**
4. State of Illinois, Department of Children and Family Services *Authorization for Background Check* Form, with signature
5. Illinois South Conference Adult Volunteer Disclosure Form, with signature

Make copies of all forms and provide a copy for chaperones to carry during travel and keep with them during the event--just in case of an emergency.

DEADLINE, POSTMARKED BY SEPTEMBER 8, 2017

**Illinois South Conference United Church of Christ
Confirmation Retreat 2017**

REGISTRATION FORM

DEADLINE – September 8, 2017



Church & City _____ Phone (____) _____

Contact _____ Position _____

Day Phone (____) _____ Evening Phone (____) _____

E-Mail Address: _____

Retreat Date: September 22-23, 2017

Please **PRINT** the information indicated for each person attending.

List **YOUTH** Participants on the **FRONT** side and **ADULT** Chaperones on the **BACK** side.

Youth Participants

NAME	Fee Paid	Gender	Grade in School	Reg & Health	Permis. & Auth	Youth Covenant
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

TOTAL NUMBER OF YOUTH PARTICIPANTS _____

CONTINUED ON BACK

Please **PRINT** the information indicated for each person attending.

List **YOUTH** Participants on the **FRONT** side and **ADULT** Chaperones on the **BACK** side.

Adult Chaperones

NAME	Fee Paid	Reg & Gender	Perm Health & Auth	Adult Covenant	DCFS Bckgrnd Auth	Discl Statement	DCFS Report Rec'd
1.							
2.							
3.							
4.							
5.							

Male - Female Chaperone (age 21+) Coverage:

If you do not have the appropriate chaperone coverage (1 male adult per 1 - 7 male youth, 1 female adult per 1 - 7 female youth), please explain coverage plans on a separate sheet of paper.

CONFIRMED SPACE ALLOCATION _____

DEPOSIT AMOUNT Paid with Space Request \$ _____

TOTAL NUMBER of YOUTH & ADULTS:

Postmarked on or before September 8th _____ @ \$60 = _____

TOTAL NUMBER of YOUTH & ADULTS:

Postmarked after September 8th _____ @ \$65 = _____

FEE TOTAL = _____

Minus DEPOSIT from space reservation* = _____

TOTAL DUE = _____

*Remember, if your total numbers have decreased from your confirmed Space Allocation, you forfeit a deposit of \$10 per spot not filled. The remaining space request payments (\$10/person) will be applied to the total fee for the number of spaces confirmed.

Make Check Payable to: Illinois South Conference

Mail total due and all required forms to:

Illinois South Conference
 1312 Broadway
 Highland, IL 62249