

REGISTRATION FORM 2017

EXCEL

2017

\$70 by October 21
\$80 by December 16
\$90 after December 16

Group Leader:
fill out this portion
and then copy it for
your students and
other leaders



Leader Information

Group Leader _____
Group / Church _____
Group / Church Address _____
City _____ State _____ Zip _____
Group Phone Number (_____) _____ Fax (_____) _____
Email _____

Individual Information

Name _____
Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Email _____
School _____ Grade _____
Parent/Guardian _____
Parent/Guardian Email _____

I am a: Student Adult Leader

Medical Release for Students (Under 18 years old)

I, _____, the legal parent/guardian of _____, do release Youth for Christ from any and all liability for my child in case of accident or illness and authorize any medical care deemed necessary by an accredited physician, nurse or hospital while traveling to and from and while attending Excel 2017, January 13-15, 2017 in Saratoga Springs, NY

Parent/Guardian Signature

_____ Date _____

Payment Method

Check Credit Card # _____
 MasterCard Security Code (3 Digit) _____ Exp. Date _____
 Discover Name on Card _____
 Visa Signature _____

Mail or fax one form for each member in your group to:
Youth for Christ • P.O. Box 443, Halfmoon, NY 12065 • Phone 518.533.3617
• Fax 518.982.5544 • Email: info@cdyfc.org • excel.cdyfc.org

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