Office use only:
Reg. amt. pd._____ck#_____date_____
Tuit. amt. pd._____ck#_____date_____

MIDWEST CROSSROADS DELEGATION
2009 IYF REGISTRATION FORM

PLEASE PRINT <u>LEGIBLY!!!</u>

Name_____Birthdate_____Age___

Address_____Male_____Female_____

City_____State_____Zip_____

Phone (with area code)_____Graduation Yr._____

E-mail address (help us read it)_____

Church affiliation_____If Com. of Christ: Miss.Ctr_____Cong._____

Priesthood Office(if applicable)_____Attended SPEC before?_____How many yrs.?_____

Parent/Guardian_____

Emergency#s_____

T-shirt size (circle one) Adult S M L XL XXL(extra $3) XXXL(extra $5 if available)

<u>Please include your NON-REFUNDABLE registration fee of $55</u> (you may subtract $5 <u>if you send a copy of your insurance card with this form</u> You should add the extra amount for larger shirt. This amount also covers your cost for laundering uniforms and for the delegation Friday meal. **IMPORTANT!** Please make your check payable to SPECTACULAR FUND. Send this completed form (**<u>both sides</u>**) and your registration fee to Tammy Austin, PO Box 431, Keenes, IL 62851.
(618) 895-2089 taustin@midwest.net

FORM AND FEE MUST BE POSTMARKED NO LATER THAN APRIL 22, 2009.
After that date the delegation registration fee will **increase to $65 (minus $5 if you send a copy of your insurance card with this form)**.

I agree to abide by all rules of IYF and those of the Midwest Crossroads delegation
I understand that failure to comply with these rules could result in my being sent home from the camp.
I also understand that, should that occur, my transportation home will be my responsibility.

_____/_____/____/____/____
Camper Name (Print) Camper Signature Date

_____/_____ __/____/____/____
Parent Name (Print) Parent Signature Date