



REGISTRATION FORM

OCTOBER 23-25

GRADES 10-12

\$75

Personal Info:

Name _____ o Male o Female

Birthdate (Month/Day/Year) _____ Grade _____ Health Card # _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Allergies or medical conditions _____

Status: (Please check one) o Youth o Youth Sponsor T-Shirt Size: (please check one) o S o M o L o XL o XXL

Church you are attending with _____

Youth Sponsor you are attending with _____

In Case of Emergency Info:

Contact _____

Billeting Info:

Will you need a billet: Yes No

If No, who will you be staying with:

parent

Other (Name) _____ (Phone) _____

Do you have a friend(s) you would like to be billeted with? Yes No

Three names only: _____

(We cannot make any guarantees that you will be together, but we will do all we can to accommodate your request.)

Signature of Parent or Guardian _____

Signature of Youth Sponsor _____

Mail this Registration Form to...

Maritime Christian College
503 University Ave.
Charlottetown, PE, C1A 7Z4

Or fax it to...
902 892 3959



Pay \$75 registration fee by mail...

cheque only - cheque payable to
"Maritime Christian College"

or pay \$75 cost at the door...

cash or cheque - cheque payable to
"Maritime Christian College"