

# LCMS Kansas District High School Youth Gathering 2020 Youth Registration Form



Church Name:	
City:	

First Name:	Last Name:	
Address:		
City:	State:	Zip:
Phone #: (   ) -	E-mail:	
Birthdate: / /	Gender (Circle One): Male   Female	Grade (2020-2021): (Circle One) 9   10   11   12
Special Needs:		

T-Shirt Size	
X-Small	
Small	
Medium	
Large	
X-Large	
2X-Large	

I appreciate the opportunity to participate in this gathering, and I pledge to fully participate.

Youth Signature:

\_\_\_\_\_

I have spoken with my youth about this gathering, and he/she has my permission to participate.

Parent/Guardian Signature:

\_\_\_\_\_