

APRIL 5-7, 2024

All In! On Purpose!

CLEARWATER YOUTH ENCOUNTER REGISTRATION

BASIC INFORMATION

Full name: _____ Date of Birth: _____ Gender: M / F

Phone number: _____ Email: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Church: _____

Do you have any allergies and/or dietary restrictions we should be aware of?

Will this be your first time attending Clearwater Encounter?

- Yes
- No

How did you hear about this Clearwater Encounter?

- Facebook
- Instagram
- Friend
- Other _____

YOUTH REGISTRATION

Parent/Legal Guardian name: _____ Phone number: _____

Youth Leader: _____

*All youth require a youth leader to attend with them. Please contact us if you do not have a youth leader.

YOUTH LEADER REGISTRATION

Emergency contact name: _____ Phone number: _____

Please list all of the youth you are bringing with you for this Clearwater Encounter:

Please return the completed registration form to office@clearwatercollege.com.