

# YOUTH:CON

NOV 16-18  
2018

## APPLICATION

Fill out application and mail in with a \$10 non-refundable deposit person to address below. List names of attendees on back. PLEASE PRINT CLEARLY

Church Name: \_\_\_\_\_

Youth Leader: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Total Students: \_\_\_\_\_ Total Chaperones: \_\_\_\_\_

Paying \$10 deposit per person  Paying FULL amount per person

Credit Card:  MC  VISA

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Check: Payable to: SC Church of God of Prophecy

Mail application once completed to: **SC Youth Conference**  
**PO Box 820**  
**Rock Hill, SC 29730**



Please list each student and adult attending.

NAME	AGE	MALE / FEMALE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____