

JR HIGH ENCOUNTER REGISTRATION FORM

Please photocopy this form as many times as needed.

Must submit registration form by February 17, 2022. Email this completed form to info@estoncollege.ca OR a digital version is available at www.estoncollege.ca/encounter

Registration - \$80 per person

YOUTH LEADER: (if more than one youth leader is attending, you may include their details on a separate sheet)

First Name _____ Last Name _____

Male Female Age _____ Grade _____

Mailing Address _____ Province _____

Postal Code _____ City _____ Phone Number _____

Prov. Health Ins. No. _____ Church Name _____

Food Allergies _____

Who do you want to room with _____

Person Supplying Payment _____

Credit Card No _____ Exp. Date _____

ENCOUNTER PARTICIPANT:

First Name _____ Last Name _____

Male Female Age _____ Grade _____

Mailing Address _____ Province _____

Postal Code _____ City _____ Phone Number _____

Prov. Health Ins. No. _____ Church Name _____

Food Allergies _____

Who do you want to room with _____

ENCOUNTER PARTICIPANT:

First Name _____ Last Name _____

Male Female Age _____ Grade _____

Mailing Address _____ Province _____

Postal Code _____ City _____ Phone Number _____

Prov. Health Ins. No. _____ Church Name _____

Food Allergies _____

Who do you want to room with _____

ENCOUNTER PARTICIPANT:

First Name _____ Last Name _____

Male Female Age _____ Grade _____

Mailing Address _____ Province _____

Postal Code _____ City _____ Phone Number _____

Prov. Health Ins. No. _____ Church Name _____

Food Allergies _____

Who do you want to room with _____