



Choir Tour 2012
Louisiana
July 13 – 21, 2011. Cost \$400



Participant’s Information:

Name: _____ Birth date: _____

Mailing Address & zip code: _____

Phone Number: _____ Youth Cell: _____ Text Okay?: Y N

Youth Email Address: _____

School: _____ Grade: _____ Gender: _____ T-shirt Size: _____

If you’re a visitor, who invited you? _____

Parent Information:

Father’s Name: _____ Mother’s Name: _____

Work #: _____ Cell #: _____ Work #: _____ Cell #: _____

Father’s Email Address: _____

Mother’s Email Address: _____

Other Contact Numbers: _____

Emergency Contact and phone number (other than parents):

Check here if any of the above information has changed since September 1, 2011

Check here if your child has a Notarized Medical Release form on file.

Parent Signature: _____

Please make checks payable to “Bethany UMC” and put the event name in the memo field. Payment or payment arrangements must accompany this form for registration to be complete. Refunds are for emergencies only and exclude a \$20 processing fee.

Check # _____ Cash \$ _____ Youth Account \$ _____

We don’t want anyone to not participate due to lack of funds. If you would like to donate funds to help others attend, please write your donation amount here: \$ _____

Bethany United Methodist Church Student Ministries
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As Needed Medicine Only:

My youth may be given the following medications according to recommended dosage on package as needed under the supervision of Student Ministries Staff (please mark all that apply):

___ Tylenol

___ Ibuprofen (i.e. Advil)

___ Naproxen (i.e. Aleve)

___ Imodium

___ Benadryl

___ Sudafed

___ Over-the-counter cough syrup

Parent signature: _____

Date: _____