

REVOLVE TOUR 2009

REGISTRATION FORM



Name: _____ Date of Birth: _____
 Home Phone #: _____ Cell Phone #: _____
 E-mail Address(s): _____
 Mailing Address: _____
 Home Church: _____
 Available to leave: *Friday Morning (before 10 am)* *Friday noon (After Lunch)* *Friday afternoon (After 3:30pm)*

I give _____ permission to travel with Community Evangelical
 (my child's name)

Free Church of Susanville to attend the 2009 Revolve Tour at Arco Arena in Sacramento California, November 20-21st 2009. In the case of emergency, I give C.E.F.C. Staff and Leaders permission to act on my behalf. I affirm that I have completed both the Emergency medical form and the Event Waiver for C.E.F.C.

Parent/Guardian's Name	Parent/Guardian's Signature	Date
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Parent Section

- ___ Yes! I am interested in attending with my child. Reserve a Spot for Me!
- ___ I am willing to drive! My car legally can drive ___ people including the driver.
- ___ I am willing to help out with fundraisers.
- ___ I am willing to help sponsor a student who cannot afford to attend.
- ___ Yes! I want to see similar events happen here in Lassen County. I would like to help out with the 2010 Staying True Conference.
- ___ Yes, my child needs financial assistance.
- ___ Please contact me. I have some questions. Phone # _____ Best time(s) to call _____

PLEASE COMPLETE and Return to CEFC **no later** than Wednesday, September 23rd with a deposit of \$60. Registrations after this time will have to sit in an entirely different section.
 If you need financial aid, please complete and return to CEFC **BEFORE** Thursday, September 17th with a deposit of at least \$20.