

# CONGREGATION REGISTRATION FORM

Office Use Only

Date Received: \_\_\_\_\_

Please print or type:

Congregation: \_\_\_\_\_ City: \_\_\_\_\_

Adult Leader: \_\_\_\_\_  
(one contact per congregation)

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address (needed for confirmation): \_\_\_\_\_

Daytime Phone Number (to reach Adult Leader): \_\_\_\_\_

**Registration Fees:** A non-refundable payment of \$50 per person is required with registration. The balance of is due on or before June 15, 2010. Please make checks payable to *Michigan District-LCMS*. **All fees must be paid with a check from your congregation or your group will be assessed additional sales tax.**

**Cancellations:** No refunds will be made after June 15, 2010. This policy is without exception.

**Substitutions:** Substitutions can be made at any time until May 28, 2010, after which time only same sex substitutions can be made. When substituting, please resubmit appropriate forms.

**Total Number Youth Registered:** \_\_\_\_\_

**Total Number Adults Registered:** \_\_\_\_\_

**Total Registered:** \_\_\_\_\_

**T-Shirt Sizes Needed:** \_\_\_\_\_ sm \_\_\_\_\_ med \_\_\_\_\_ lrg \_\_\_\_\_ xl \_\_\_\_\_ xxl

**Total Amount Due** (postmarked by May 28th: \$115 p/person) \$ \_\_\_\_\_

**Total Amount Due** (postmarked after May 28th: \$135 p/person) \$ \_\_\_\_\_

**Total Advance Payment:** \$ \_\_\_\_\_

**Amount Due by June 15, 2010:** \$ \_\_\_\_\_

Include with your advance partial or full payment, this form, all participant registration forms, servant event registration, and housing request forms. **No staples please.** Send to:

Michigan District-LCMS  
Junior High Youth Gathering  
3773 Geddes Road  
Ann Arbor, MI 48105

# HOUSING REQUEST FORM

- Campus dormitories have two beds per room, in a suite arrangement (two rooms sharing a bathroom/shower). **The maximum number of people per suite is four. Sleeping on the floor or moving beds to add more to a suite is not permitted per fire codes.**
- Please indicate **Adults** by putting an **(A)** behind their name.
- Housing requests must be all male or all female (remember to provide co-ed leaders).
- Make appropriate copies of this sheet for your housing requests.
- **Please note: The Gathering Registrar will determine final housing assignments.**

SUITE 1: Room 1 \_\_\_\_\_ Room 2 \_\_\_\_\_

Room 1 \_\_\_\_\_ Room 2 \_\_\_\_\_

SUITE 2: Room 1 \_\_\_\_\_ Room 2 \_\_\_\_\_

Room 1 \_\_\_\_\_ Room 2 \_\_\_\_\_

SUITE 3: Room 1 \_\_\_\_\_ Room 2 \_\_\_\_\_

Room 1 \_\_\_\_\_ Room 2 \_\_\_\_\_

SUITE 4: Room 1 \_\_\_\_\_ Room 2 \_\_\_\_\_

Room 1 \_\_\_\_\_ Room 2 \_\_\_\_\_

SUITE 5: Room 1 \_\_\_\_\_ Room 2 \_\_\_\_\_

Room 1 \_\_\_\_\_ Room 2 \_\_\_\_\_

SUITE 6: Room 1 \_\_\_\_\_ Room 2 \_\_\_\_\_

Room 1 \_\_\_\_\_ Room 2 \_\_\_\_\_

SUITE 7: Room 1 \_\_\_\_\_ Room 2 \_\_\_\_\_

Room 1 \_\_\_\_\_ Room 2 \_\_\_\_\_

# SERVANT EVENT REGISTRATION FORM

Again for 2010, everyone attending the gathering will take part in a Servant Event on Saturday afternoon. We will have an exciting variety of opportunities in and around Ann Arbor. When you are assigned to a specific event, you will be contacted and provided with information about what to bring or wear, driving directions and all other pertinent information needed.

A limited number of on-site events are planned and are reserved for groups who will not have vehicles on campus.

## Mark your top 3 choices for type of event:

- Environmental or Outdoors** (i.e. grounds clean-up, community awareness drives)
- Working with Seniors** (i.e. Retirement Home, Nursing Home)
- Working with Children/Families**
- Random Acts of Kindness/Outreach/Evangelism**
- Agency Serving Hungry, Homeless** (i.e. Homeless Residence or Food Pantry)
- Agency Reaching out to People struggling with a difficulty** (i.e. Cancer Society., Pregnancy Counseling, Ronald McDonald House)
- Clean-up or Fix-up Projects**
- Office Work** (i.e. collating brochures, stuffing envelopes for service agency)
- No Preference. Any event type will do.**

1. Church Name: \_\_\_\_\_ City: \_\_\_\_\_

2. Church Contact Person for Group Attending:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

3. Total # of Youth & Adults Attending: \_\_\_\_\_

4. Will you have Vehicles on Campus for Transportation to a Servant Event?

Yes. We are coming in vehicles that will remain there.

No. We will be dropped off by persons not staying.

Not sure.

5. Adults Attending the Gathering:

Name \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail \_\_\_\_\_