

Capital District Youth Rally at Albany 2011 Registration Form

Name of Congregation _____
 Street Address _____ City _____
 State _____ Zip _____ Phone _____
 Total Young People Attending: Males _____ Females _____
 Total Adult Sponsors Attending: _____
 Males _____ Allergies to cats or dogs _____
 Females _____ Allergies to cats or dogs _____
 Mode of Transportation: Car _____ Van _____ Bus _____

Names: A Complete List Of Names Are Needed For Pre-housing. Use back if necessary.

Young Men	Ages	Young Women	Ages
1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____
3. _____	_____	3. _____	_____
4. _____	_____	4. _____	_____
5. _____	_____	5. _____	_____
6. _____	_____	6. _____	_____
7. _____	_____	7. _____	_____
8. _____	_____	8. _____	_____
9. _____	_____	9. _____	_____
10. _____	_____	10. _____	_____

Will Your Group Need:

Housing for Friday Night? Yes ___ No ___ Saturday Night? Yes ___ No ___

If arriving on Friday after 8:00 please give estimated time of arrival.

For further information:
Contact KERRY MORRIS AT: (518) 452-5472 or
kerrymorris@gmail.com

Call or send pre-registration information to us by
Monday, September 26th To:

Miss Heidi Neil Or dawnazul@gmail.com
 35 Vly Road
 Albany NY 12205
 Phone: (518) 331-8572

ACTUAL REGISTRATION FORMS AND PAYMENT CAN BE BROUGHT TO THE RALLY BUT NAMES, NUMBERS AND T-SHIRT SIZES MUST BE CALLED IN OR EMAILED BY 9/26 !

Please make a copy of the medical form below and then reproduce the form for each young person attending the rally. Bring the completed medical forms as well the completed Pre-registration form on the front side of this paper with you when you come to the rally.

MEDICAL PERMISSION FORM
Required for attendance

In case of a medical emergency, I give my permission to hospitals, doctors, and other health care professionals to administer medical treatment to my child.

CHILD'S NAME _____

PARENT'S SIGNATURE _____

Parent's Phone _____