

2008 NWA YOUTH LEADERSHIP CONFERENCE REGISTRATION

JULY 14TH - 16TH

Name: _____ Age: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

NWA Youth Card #: _____ Sex: Male Female

T-shirt Size: **Youth** M L **Adult** S M L XL

Registrations received postmarked after June 14th will not guarantee attendees a conference shirt!

Parent/Guardian Name: _____ E-mail: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact Name: _____ Relation: _____

Home Phone _____ Work Phone _____

I would like to request special dietary arrangements:

Vegetarian

Other (please explain) _____

Food allergies: _____

Life threatening food allergies: _____

Hotel Registration

Roommate Requests: _____

I give permission for my child's photograph to be posted on the NWHHA website, in the NWHHA News, or in any press releases and resulting publications specific to my child's participation in the 2008 NWHHA Youth Leadership Conference.

Parent Name (print) _____

Parent Signature _____

Child name (print) _____

Date _____

Witness _____