

**“Celebration 2025”**

**YOUTH REGISTRATION**

First Name	MI	Last Name	Age	Male or Female (Circle One)
Street Address		City	State	ZipCode
(Grade in School)		(Home Church Name)		
Parent phone #:		Cell Phone #:		

**Any medical conditions or disabilities?** \_\_\_\_\_  
*(allergies to animals, etc)*

Are you using hotel housing? YES NO

Do you require housing? YES NO

I will be attending (please check): \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Both

***I give my son/daughter permission to attend “Celebration 2025” and release  
Lycoming Christian Church from all liability should an accident or illness occur.***

\_\_\_\_\_  
**(Parent or Guardian Signature)**

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