"Celebration 2026"

YOUTH REGISTRATION

_____ _____ **Male or Female**
First Name MI Last Name Age (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 2026" and release Lycoming Christian Church from all liability should an accident or illness occur.

_____
(Parent or Guardian Signature)

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