

SPRING 2012

LIVE LIFE.

PARENT & LEADER REGISTRATION FORM

Name: _____

Position: _____

Church Name: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Church Phone: _____ Cell Phone: _____

Number of Students in Group: _____

Number of Leaders in Group: _____

Plan to be with your youth during the duration of the Preview activities. We greatly appreciate your participation.

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Relationship: _____

Phone Number: _____

I will be attending the President's Conversation on Friday

Leader Payment Information**

Earliest Bird Rate - FREE (Before January 10th)

Early Bird Rate - \$5 (Before January 28th)

Regular Rate - \$10 (After January 28th)

Student Payment Information**

Earliest Bird Rate - \$5 (Before January 10th)

Early Bird Rate - \$10 (Before January 28th)

Regular Rate - \$15 (After January 28th)

PAYMENT INFORMATION

Check No.: _____

(Make Checks Payable To: Life Pacific College; Memo: Preview)

Total Amount Enclosed: \$ _____

Credit Card (Visa AmEx MC Discv)

Card No.: _____ Exp Date: _____ (Incl. Mo/Yr)

3 Digit Security Code: _____ Billing Zip: _____

Sign All Forms & Mail To:

Life Pacific College

Attn: Office of College Relations

1100 West Covina Boulevard, San Dimas, CA 91773