

**Nor Cal Metropolitan Ecclesiastical Jurisdiction  
Youth Department Registration Form  
Youth Conference July 2007**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Pastor \_\_\_\_\_

District \_\_\_\_\_

District YPWW President \_\_\_\_\_

District YPWW Chairlady \_\_\_\_\_

Please identify your youth sponsor or chaperon \_\_\_\_\_

Please check one: This registration is for a

Child (ages 3-12) \_\_\_\_\_ Teen (age 13-18) \_\_\_\_\_

Your parents must sign for you to participate in the workshop classes:

**Parent Signature:** \_\_\_\_\_

**Please return the form via mail along with your registration fee of \$15.00 to:**

**Nor Cal Metropolitan Registration Department  
27709 Tyrrell Avenue, Hayward, California 94545**

**DEADLINE: July 6, 2007. Makes checks payable to Nor Cal Metropolitan.**

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**Office Use Only:**

**Registration Fee of \$15.00** \_\_\_\_\_ **Confirmation Letter Mailed** \_\_\_\_\_