

2008 INSTITUTE REGISTRATION FORM

(Remember to check a session, secure all signatures, and enclose a deposit!)

Cost: 'EARLY BIRD' Fee of \$295 (otherwise \$325)

Early bird deadline: May 28 2008 (for both June and July sessions)

Registration closes: June 4 for June session; July 9 for July session

Cost for **Youth Coordinating Team** Members to attend each: \$147.50

Adult Staff Fee to attend each session: \$50

Institute 2008 iBelieve is a program of the Kansas East Conference Council on Youth Ministry of the United Methodist Church.

Institute 2008 Check Session(s)

____ June Session (June 16-21)

____ July Session (July 21-26)

1. PLEASE print, type, or sign all information in dark ink. Complete all information requested.
2. Send this form and a **\$100 deposit** or full payment to Institute, P.O. Box 4187, Topeka, KS, 66604. Make all checks payable to the Kansas East Conference. There is a limit of 150 (including adults) for each session. If this limit is reached before registration deadlines, registration will close.
3. Total **'EARLY BIRD'** Institute cost is \$295.

Name: _____

Gender: Female Male Shirt Size: M L XL XXL

Attended Institute before? Yes No

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Age (at time of camp): _____ Date of Birth: ____ / ____ / ____

High School Graduation Year: _____

Name of Father/Guardian: _____

Phone: (H) _____ (W) _____

Name of Mother/Guardian: _____

Phone: (H) _____ (W) _____

TO THE INSTITUTER:

I agree to participate fully in the Institute community.

Date

Signature of Instituter

Would you be interested in being a possible care group leader or hug group leader at a future Institute? If yes, which:

Care Group Hug Group Either

TO THE INSTITUTER'S PARENT(S)/GUARDIAN(S):

I (we) give full permission for my (our) youth to attend Institute 2008 and to participate in all activities. I (we) give permission for him/her to be photographed and for his/her picture to be used for publicity purposes. If he/she has any special needs, they will be indicated on the medical information form sent to and required for all campers.

Date

Signature of Parent/Guardian

TO YOUR LOCAL CHURCH PASTOR/YOUTH WORKER:

Church Name: _____

Address/City/Zip: _____

District: _____

Date

Signature of Pastor/Youth Worker

This space for office use only.

Total Institute Fee: _____

Deposit Amount: _____ Date Received: _____

Church Amount: _____ Date Received: _____

Misc. Amount: _____ Date Received: _____

Balance Due: _____ Date Received: _____