

SERVANT EVENT REGISTRATION FORM

Participant

First Name	Last Name	Initial	
Address			
City	State	Zip	
Phone ()	T-Shirt Size (S-M-L-XL-XXL)		
Current Grade Level	Birth Date / /	Gender	
Circle all that apply:	Youth Participant	Lay Leader	DCE
	Adult Participant	Group Leader	Pastor

Congregation Information

Name			
Address			
City	State	Zip	Phone ()
Adult Leader Name			

Personal Profile

Previous Servant Event Experience
List other abilities, experiences, or interest that may be helpful for this Servant Event
Special Needs (medial, diet, etc.)

Required Participant's Signatures

Participant Promise:	I look forward to serving my Lord in this event, and I agree to participate and cooperate in any way.
Participant's Signature:	_____ Date _____

Required Parent's Signatures

Publicity Release:	I give permission to allow any pictures or videos taken during the event to be used in publication by the Servant Event or by LCMS Youth Ministry. (circle one) YES NO
Participant List:	I give permission form my son/daughter's name, address, phone and email to be included on the participate list and shared with other at this even and with LCMS Youth Ministry. (circle one) YES NO
Parent's Signature:	_____ Date _____

Please mail this complete form along with \$100 deposit to:
Grace Evangelical Lutheran Church
824 N. Buchanan Blvd. Durham NC 27701
Make deposit payable to: Lutheran Servant Event

FOR OFFICE USE ONLY		
date received _____	deposit _____	balance due _____