



Registration Form

Attendee Information

Name: _____ Birthday: _____ Grade: _____ Gender: M F

Address: _____ City/State: _____ Zip: _____

Email: _____ Phone: _____

Church: _____ Social Media: _____

Registration Deadline (For Early Registration Fee) Postmarked by:
October 26th (Lincoln) or **November 9th** (Scottsbluff)
 ALL REGISTRATION FEES ARE NON-REFUNDABLE

Registration: - Check which Convention(s) you are attending. Both Conventions for the price of One!
 Lincoln Scottsbluff Both

Pricing

<input type="checkbox"/> Student Early Registration \$42
<input type="checkbox"/> Student Onsite Registration \$48
<input type="checkbox"/> Leader Registration \$15
<input type="checkbox"/> Convention T-Shirt \$10: S M L XL XXL
TOTAL _____

Payment Instructions

Paying By Check:
 Make out Checks to NYM

Paying by Credit Card:

Name on Card: _____

Card #: _____

EXP: / Security Code: _____

Billing Zip Code: _____

Email (for Receipt): _____

Mail All Forms and Checks to:

NYM
 Po Box 1965
 Grand Island, NE 68802

Eastern: November 3-4
 Christ Place Church, Lincoln

Western: November 17-18
 Hampton Inn & Suites, Scottsbluff

This form is for Event Registration only,
 All Hotels MUST be booked separately. For more
 information please refer to the Hotel Info Sheet.

For District Office Use Only

<input type="checkbox"/> Personal Check	<input type="checkbox"/> Church Check	Check # _____	Amount _____	Date Recieved _____
<input type="checkbox"/> Personal CC	<input type="checkbox"/> Church CC			