

# revolve TOUR 2009

## registration form



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 E-mail Address(s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Church: \_\_\_\_\_  
 Available to leave: *Friday Morning (before 10 am)*      *Friday noon (After Lunch)*      *Friday afternoon (After 3:30pm)*

I give \_\_\_\_\_ permission to travel with Community Evangelical  
 (my child's name)

Free Church of Susanville to attend the 2009 Revolve Tour at Arco Arena in Sacramento California, November 20-21<sup>st</sup> 2009. In the case of emergency, I give C.E.F.C. Staff and Leaders permission to act on my behalf. I affirm that I have completed both the Emergency medical form and the Event Waiver for C.E.F.C.

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Parent/Guardian's Name	Parent/Guardian's Signature	Date
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**Parent Section**

- \_\_\_ Yes! I am interested in attending with my child. Reserve a Spot for Me!
- \_\_\_ I am willing to drive! My car legally can drive \_\_\_ people including the driver.
- \_\_\_ I am willing to help out with fundraisers.
- \_\_\_ I am willing to help sponsor a student who cannot afford to attend.
- \_\_\_ Yes! I want to see similar events happen here in Lassen County. I would like to help out with the 2010 Staying True Conference.
- \_\_\_ Yes, my child needs financial assistance.
- \_\_\_ Please contact me. I have some questions. Phone # \_\_\_\_\_ Best time(s) to call \_\_\_\_\_

**PLEASE COMPLETE and Return** to CEFC **no later** than Wednesday, September 23<sup>rd</sup> with a deposit of \$60. Registrations after this time will have to sit in an entirely different section.  
 If you need financial aid, please complete and return to CEFC **BEFORE** Thursday, September 17<sup>th</sup> with a deposit of at least \$20.