

2022 Districts Permission Form

Print Parent/Guardian Name(s)

Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

In case of emergency, I give permission to doctors to do whatever is necessary for medical care: _____
Parent/guardian signature

Youth Leader at Districts: Jared Heesch and Robyn Loeffelholz

**Youth Leader’s Cell Phone Number: Jared: 608-769-0717
Robyn: 608-797-1272**

I agree to all of the above & give my permission to participate in the 2022 Districts Youth Conference.

Signature of Parent/Guardian _____ Date:_____

**Registration includes breakfast on Saturday and Sunday.
We suggest \$5-7/ meal per person for meals not included by conference.**

We encourage students to bring extra money for the offering during Saturday morning’s Prime Time rally.

Transportation is covered by Hope.

Hope Community Medical Form 2022

Print student's name: _____ **Grade:** _____

Medical History: _____

Current medications: _____ **Dose/Frequency:** _____

Allergies: _____

Type of Reaction: _____

Insurance: _____

In case of emergency, please notify:

Name _____ **Phone** _____

Name _____ **Phone** _____

Want a T-shirt?
Price: \$15 - Check desired size

S__ M__ L__ XL__ XXL__ XXXL__ XXXL__
(\$2 more for XX – XXXL Sizes)

Cost for districts: \$100.00 DUE NOVEMBER
3rd

\$65 if approved for scholarship from Hope
(scholarship application attached)

Application for Scholarship for Districts 2022

Please consider me for a \$35 scholarship to attend Districts 2022.

Name: _____

Parent/Guardian names: _____

Phone Number: _____