

# 2010 Youth Convention

FRIDAY — SUNDAY  
OCTOBER 29— OCTOBER 31

## LOCATION

la crosse center | la crosse, wi

## DEPARTING

from VIF friday, october 29, 12:00pm  
**\*eat lunch BEFORE you come\***

## RETURNING

to VIF sunday, october 31, 4:45 pm

## CONTACT INFO

courtyard by marriott  
500 front st | la crosse, wi 54601  
608-782-1000

pastor dan's cell | 712-790-0964

REGGIE DABBS | SPEAKER

THE SPARK | WORSHIP

## PACKING LIST

appropriate clothing | bible  
warm outdoor wear (we will be walking)  
personal/toiletry items | snacks  
swim suit | extra spending \$ (if you desire)

## REGISTRATION

**NO REGISTRATIONS WILL BE  
ACCEPTED AFTER OCTOBER 27.**

**\$160 EARLY**

**REGISTRATION**

DEADLINE IS OCTOBER 13

**\$175 NORMAL**

**REGISTRATION**

DEADLINE IS OCTOBER 27

This fee includes registration,  
transportation, and lodging.

**This fee does not include all  
meals. Each person must  
bring money for 3 meals.**

(The other 3 meals will be covered.)

**NO REGISTRATIONS  
WILL BE ACCEPTED  
AFTER OCTOBER 27.**

For more information:

262-783-2900

rwenig@vifonline.org

[www.vifonline.org](http://www.vifonline.org)

# Registration

This form, along with your Registration Fee, must be turned in by Wednesday, October 13 for Early Registration and Wednesday, October 27 for Normal Registration.  
No registrations will be accepted after Wednesday, October 27.

Name \_\_\_\_\_

Student Email \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent  Cell or  Work Phone \_\_\_\_\_

Parent Email \_\_\_\_\_

Please list ONE person you would like to room with \_\_\_\_\_

## PARENTAL CONSENT & MEDICAL AUTHORIZATION

"My son/daughter is in good health and has my permission to engage in all described activities except those noted by me. In case of emergency and I am unavailable, I give my consent to treatment by the attending physician. I voluntarily waive any claim against the local church and all leaders for any and all causes that may arise in connection with this event. I understand that my student's picture may be used in any Frontline publications, videos, or on our website."

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*Payment Options: Cash Check or Account Money*

*If using account money, the student MUST sign below:*

"I, \_\_\_\_\_ (name), understand and release \$ \_\_\_\_\_ of my Frontline Fundraiser Account money to go towards my \_\_\_\_\_ (name of event) event, \_\_\_\_\_ (date(s) of trip)."

Signed \_\_\_\_\_ Date \_\_\_\_\_

office use only:

Date received: \_\_\_\_\_ amount: \_\_\_\_\_ type: \_\_\_\_\_ initials: \_\_\_\_\_