

WIYLDE Registration for Year 1
July 12-16, 2009

Name _____ Home Phone _____
Address _____ Emergency contact and phone _____
City, State, Zip _____
Email address (print clearly) _____ Age _____ Grade just completed _____ M or F (circle)
T-shirt size _____ Leadership training at church/school _____

Medical information: We must have a photocopy of medical insurance card for emergencies. Please send with registration.

Allergies? _____ Date of last tetanus? _____
Dietary needs? _____

WIYLDE participants—Please read and sign!

I understand that I am coming to WIYLDE to learn and grow in faith. I will participate in all experiences scheduled for me, and work to be a contributing member of the community. I agree to meet with my pastor upon returning home.

Signature _____

Parents—Please read and sign!

My son/daughter has permission to participate in all WIYLDE activities. In case of my/our absence or unavailability, you are hereby authorized to perform or arrange for whatever treatment you may consider necessary for my/our minor child. I grant permission for photos and/or videotape taken of my child while at WIYLDE to be used in WIYLDE publications/promotional materials/newsletters/website.

Signature _____

Pastor—Please read and sign!

I recommend the applicant to WIYLDE and agree to review and evaluate the experience with her/him upon their return home.

Signature _____ Synod _____

Congregation _____ City/State _____

Registration fee Indicate payment method

In Full \$240 _____ Deposit \$100 _____ **Balance due at event**

Please check here if you are expecting a campership from your church or synod _____

Registration Deadline Postmarked by June 22, 2009
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Make checks payable to: Luther College, please indicate WIYLDE in the memo area

Mail payment and completed form to: WIYLDE Registration
Sense of Vocation Program, Luther College
700 College Dr
Decorah, IA 52101.

Transportation will be provided as needed with the help of Luther College, carpooling and church vans.

You will receive additional information once your registration is received.

Questions may be directed to Connie Barclay, Vocation Program Administrative Asst, (563) 387-1327 or barcco01@luther.edu