



Youth Lock-In Registration Form

Child's Name _____

Current Age _____ Gender _____

Parent/Guardian Names: _____

Address:

Email Address:

Phone Number:

Allergies/Behavior/Restrictions

Does your child have any allergies, physical and/or behavior issues, or food restrictions we should be made aware of? _____

Spirit of Hope Youth Lock-In

Come join us for a fun evening, filled with dinner, Games and bible studies!

This event is open to all youth, ages 11-17. (completed 5th grade and up)

Cost: \$10 (includes dinner, activities & a take home cup)

Date: Friday, July 19th, 2019

Drop off: 6:00 p.m Pick Up: MIDNIGHT

Please send completed registration forms to:

Spirit of Hope Lutheran Church

5801 NW 1st Street, Lincoln, NE 68521

402-477-3874 or www.spiritofhopelincn.org

Questions or want to join the madness as sponsor:

Contact: Heather Ladman @ 402-730-1464 or
Heather.ladman@gmail.com

Emergency Contacts: Please list others authorized to act on your behalf in the event of an emergency. Please list in order of whom we should call first.

	Name	Relationship	Contact Number
1 st			
2 nd			
3 rd			

I _____ GRANT _____ DO NOT GRANT permission for Spirit of Hope Lutheran Church to use pictures of my child on their website and other social media for information and promotional purposes. No names will be included. Parent Signature Required:
X _____

***** Please bring 1 \$5 gift card to somewhere a teen would like.... Juice stop, McDonalds, Starbucks, Scheeles, Target, etc. We will use these for prizes for our games, in addition to some sweet treats!*****