

Spanish Eastern District
of the
Assemblies of God

Rev. Rafael Reyes, Superintendent
Rev. Dr. Nicanor Gonzalez, Liason
Rev. Elly Marroquin, DYD
Rev. Gaspar Valle, Asst. DYD
Mrs. Michelle Rivera, DYAO
M/C Evelyn Acosta, DYFO

SEDYOUTHMINISTRIES

213 Old Tappan Road
Old Tappan, NJ 07675
Office 917.731.6024
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SPRINGFEST 2010 REGISTRATION FORM

(All sections must be filled out)

Section: _____

First Name: _____

Last Name: _____

Address: _____ Apt. _____

City/State/Zip: _____

Telephone: (____) _____

E-mail: _____

In case of emergency, contact:

Name: _____

Telephone: (____) _____

____ Full Weekend ____ Saturday Only

Please circle one in each category

Gender: Male Female

Age: 11 or less 12-19

 20s 30s 40s 50s 60s

Title: Senior Pastor Sectional/Local Leader

Marital Status: Married Single

Church Name:

City/State/Zip:

Pastor's Name:

Please note that your conduct must be that of a Christian, if your behavior is not as such you may be dismissed from this event without a refund of any kind and your Pastor will be informed.

NO Refunds will be made, regardless of circumstance.

Liability Release

I, _____, do release the Spanish Eastern District of the Assemblies of God Youth Ministries from all liabilities in all of their District and Sectional events. I realize that I am fully responsible for my well being and personal property and agree to use my insurance coverage, if applicable, for any incident that might occur. Should an emergency arise, I grant permission for assistance to be called upon for my well-being. I understand the above and will abide accordingly:

Applicant's Signature

Parent's/Guardian's Signature
(If under the age of 18)

Pastor's Signature

Date

Date

Date