



FINISHED

Last Name: _____ First Name: _____ Gender: M F

Circle one: Grade: 9 10 11 12 post-secondary group leader (must be 21 or over)

Address: _____ City: _____ Postal Code: _____

Phone #: _____ E-mail: _____

Health Care #: _____ Allergies or Diet Restrictions: _____

Name of Emergency Contact _____ Phone #: _____

Youth Group\Church: _____ Group Chaperone: _____

Shirt Size: S M L XL XXL Money Enclosed: YES NO (\$50/registration before Feb 1st – shirt incl.)
(\$60/registration after Feb 1st – no shirt)

If there is someone you would like to room with (in your group or from CLBI) list names:

Send to: CLBI Welcome Weekend, 4837 – 52A St, Camrose, AB T4V 1W5

Payment: VISA, Mastercard or by cheque made out to: *Canadian Lutheran Bible Institute.*
phone 1.888.672.4454 fax 1.780.672.4455 email info@clbi.edu



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