

Please provide the following information to the best of your knowledge. Please be sure to complete both sides of this form.

Please submit completed forms to:

5248 Hollins Road, Roanoke, VA 24019 *or* secretary@vcsdarm.org June 13–29, 2025

PERSONAL INFORMATION

Name:	Birth Date:	//	Circle: Male Female
Address:		Phor	ne: ()
City:	State/Province: Zip/Postal Code:		
CONTACT (Please provide the name of someone	to contact in case of eme	rgency)	
Contact Person:	Relation to attendee:		
Contact telephone ()	Contact's city, s	state:	
MEDICAL HISTORY All information held confidential. Qual	lified medical staff will be	available durii	ng seminar.
List any medications you take:			
List any allergies (including food all	lergies):		
Physical difficulties that we should	be aware of:		

PARTICIPANT'S AGREEMENT

Please read the Guidelines for Conduct before signing below.

I agree to respect those in responsibility, to do my part in fulfilling the purpose of this Seminar, and to be abide by the Guidelines for Conduct at all times. I understand that should I fail to do so, I will be sent home at my expense and will forfeit all registration fees. Signed ______ Today's Date ___/____ Please be sure to sign and date the Release Form and include it to complete your registration. PLEASE WRITE A SHORT DESCRIPTION OF WHY YOU WOULD LIKE TO ATTEND THIS SEMINAR. FINANCIAL INFORMATION Cost including food and lodging for the seminar program is USD\$480. You may include payment in full with this form or pay remainder upon arrival at seminar after deposit. _____ I am enclosing a \$100 deposit with this form and will pay remainder upon arrival. _____ I am enclosing full payment of \$480 with this form _____ Other forms of payment (*PayPal:* treasurer@VCsdarm.org | *Zelle:* treasurer@VCsdarm.org) _____ Seminar and Youth Convention (June 13–July 6, 2025) \$830 Other Options: _____ Seminar Only (including daily lunch) \$175 Those attending with youth but not part of the seminar: _____ Lodging and food (three meals) \$450 _____ Lunch only for entire time \$140 _____ Lunch only per meal \$12 (advance notice required) Additional donations are always welcome. **PARENT'S AUTHORIZATION** (If you are under the age of 18) As a parent or legal guardian, I am in favor of this child attending the Youth Seminar. I have read and signed the bottom section of the Release Form, and agree to my child participating in the activities at the Seminar. Parent's Signed _____ Today's Date ___/__/_