

REGISTRATION FORM

Last name: _____

First name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Telephone no: () _____

Gender M ___ F ___ Birth Date (dd/mm/yy) _____

Home Church: _____

School (if applicable): _____

E-mail: _____

Will this be your 1st time at Focus ? ___ Yes ___ No ___ # of times

How did you hear about Focus? _____

I am enclosing the following amount with my registration \$ _____

Medical Form

Dietary Restrictions/Allergies

I.e. Food allergies, type of vegetarian (what you eat)

Serious Allergies: _____

Usual Treatment: _____

Medicare No. _____

To the best of my knowledge I am in good health. I hereby authorize Crosstalk Ministries and/or its appointed representatives to secure such medical advice and services as may be deemed necessary for my health and safety. (I understand that Crosstalk Ministries cannot be held responsible for any accidents that may occur).

Signature of Participant

Please send medical and application form along with a Cheque payable to:

Focus Weekend

Crosstalk Ministries,

257 andras drive

Dollard des Ormeaux, QC.

H9B 1R7

Email: ctmfocus@hotmail.com

Web site: www.crosstalkministries.ca