

**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](mailto:ctmfocus@hotmail.com)

Web site: [www.crosstalkministries.ca](http://www.crosstalkministries.ca)