

REGISTRATION FORM & PERSONAL COVENANT

LAB REGISTRATION FOR (Check One)

_____ BASIC— *completed 8th Grade*
 _____ ADVANCED— *completed Basic*
 _____ PHASE 3— *entry point for H.S. Jr.*
 _____ STEP 4th— *completed Phase 3*
 _____ CROSSROADS— *H.S. graduate 18-22 yrs. old*
 _____ ADULT LAB— *over age 22*

Grade Entering This Fall

<u>High School</u>	<u>College</u>
_____ Fr	_____ Fr
_____ So	_____ So
_____ Jr	_____ Jr
_____ Sr	_____ Sr
_____ Graduated High School	_____ Not attending College
_____ Adult	

VERY IMPORTANT – TYPE OR PRINT VERY, VERY NEATLY USING A BLACK PEN

Name _____ Age _____ Gender _____

I come to participate as part of a Community, gathering together to learn leadership and planning skills, and to grow and deepen my personal faith;

I realize that my actions reflect upon the whole Community of Lab;

I realize that decisions that I make about my personal behavior during the week of Leadership Lab should not be for the benefit of self, but for the betterment of the Community;

As a Child of God, I agree to the following:

1. If I am under the age of 18, I will not smoke at Leadership lab. If I am over the age of 18 and I must smoke, I will do so in a discrete manner, away from other Lab participants;
2. I understand that strong personal relationships may develop during this week; therefore, I will refrain from acts towards others, which may appear to be or are sexual in nature or overly aggressive in manner;
3. I will dress in a manner appropriate for a Christian Community. I have read the dress code policy and will abide by it. I understand that the Directors reserve the right to define what is appropriate;
4. I agree that lab is a closed community and that my friends are not allowed to visit during the week;
5. I understand that I may not come late to lab or leave before the ending celebration on Saturday without prior consent of the Directors. I agree to put my request to arrive late or leave early in writing and have it signed by a parent/guardian and my pastor;
6. I agree to participate in all scheduled Lab events;
7. I agree to abide by all other guidelines as set forth in the Community Guidelines For Leadership Lab.
8. I/we agree to release, indemnify and hold harmless Leadership Lab and any co-sponsor of the events that my child or I participate in. This indemnification includes Leadership Lab's volunteers, employees and agents, contracted or otherwise from any liability for injury, disease or damages from said participation.

Dated _____, 2017. EMAIL ADDRESS OR LABBERS CELL NO. _____

X _____

LABBERS SIGNATURE

X _____

PARENT/GUARDIAN SIGNATURE AND PHONE NUMBER

PASTOR/YOUTH LEADER PLEASE READ AND SIGN -- THIS MUST BE COMPLETED FULLY FOR REGISTRATION TO BE PROCESSED!!! I recommend the applicant and agree to review and evaluate the experience with him/her upon return home.

Signature Pastor/Youth Leader _____ Synod (CS/N/M/O) _____
 _____ Central/Southern, Northern, Metro or Other
 Congregation _____ City/State/Zip _____
 Church Phone No. _____ Church Fax No. _____

PAYMENT in full due with registration. CHECKS PAYABLE TO LEADERSHIP LAB.
 MAIL COMPLETED FORM & PAYMENT TO:
Cindy Svanda ---P.O. Box 158 ---- Ava, IL 62907 --- Phone – 618 - 687-7310 (cell)

YOUR CANCELLED CHECK WILL SERVE AS YOUR RECEIPT

Postmarked By 6/25
 \$380 Fee in Full _____
 \$15 T-shirt _____
 TOTAL DUE _____

INTERNAL USE ONLY:	
Church Check No. _____	Amount \$ _____
Personal Check No. _____	Amount \$ _____

Early Bird Registration Fee: Postmarked By 5/10/2017
 Early Registration Fee Due in Full \$360 _____
 T-Shirt – Due in Full w/Registration \$ 15 _____
 TOTAL DUE _____

Sizes (S - 4X) _____
 (If no size is marked a L will be ordered)