

YOUTH LEADERSHIP TRAINING INSTITUTE

REGISTRATION FORM

YOUTH NAME:PARENT/GAURDIAN NAME:(If under 17)ADDRESS:						
CITY:						
E-MAIL:						
GENDER: M F AGE: SHIRT SIZE:						
LOCAL CHURCH:						
JURISDICTION:						
SUBMISSION DUE BY: SUNDAY, JANUARY 12, 2014						
PAYMENT METHOD:CASHC	HECK/MONEY ORDI	ER	_VISA	N	MASTER C	ARD
CARD#		EXPIRA	TION DATE			
NAME AS ON CARD:				C	VV:	
BILLING ADDRESS:						
CITY:						
SIGNATURE:						

EMAIL REGISTRATION FORM TO: mharry03iyd@aol.com

For additional information, please call Mark Harry 214.663.3407 or Marlon Bush 817.690.8636.