

REGISTRATION FORM— Online Registration available at www.ane-cob.org

**Youth Day
October 16, 2021
Camp Swatara**

Congregation _____

Youth:

Adult Advisors:

Name _____

Phone _____

Email _____

Name _____

Phone _____

Email _____

(In compliance with the District’s Child Protection Policy, adult advisors must be those listed on the Congregational Verification form on file in the District Office.)

Total Number Registering _____

Amount Enclosed: \$ _____ (\$20 per person)

Make checks payable to Atlantic Northeast District.

Do NOT send Media & Medical Release Forms with registration - take them directly to the event.

Registration Deadline: October 1

Mail to: Atlantic Northeast District Office
500 East Cedar Street
Elizabethtown, PA 17022