

REGISTRATION.FORM

SPRING ENCOUNTER: MAR 15-17

PLEASE PRINT

Name: _____

D.O.B.: _____

Phone: _____

E-mail: _____

Small Group Leader: _____

Sponsor's Name: _____

Have you ever attended an Encounter?

Y / N If yes, when? _____

How did you hear about the Encounter?

PLEASE CHECK ONE OF THE FOLLOWING:

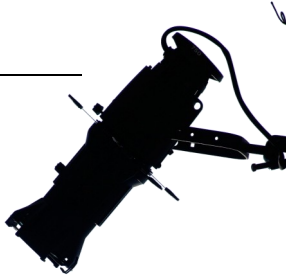
- Attending
- Sponsor - *Who are you sponsoring?*

Prayer Team* (*\$40 with meals; \$10 without meals*)

*Please also fill out a Prayer Team Application

Other - *Please Specify:*

Cost for Encounter is \$60. This includes lunch, dinner, snacks, and materials. Pay online or at the Registration Table. Make all payments by check to Harvest Church.



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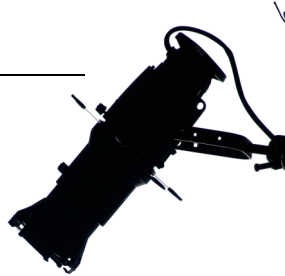
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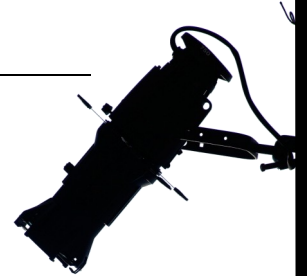
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RELEASE FORM

I, _____ hereby remise, release and forever discharge Harvest Church, its agents, servants, employees, volunteers, and all other persons whomsoever from any and all actions, claims and demands, whosoever which claimant now has or may hereafter have on account or arising out of any accident, casualty and/or event which might happen while on the premises of *831N. Main Street and 58 E. Idaho, Meridian, Idaho 83642*. I further understand that there is no Workers' Compensation, Health or Accident Insurance furnished by the ministry.

I understand that the church may take photographs of me in the course of the Encounter, and I grant the church permission to publish such photographs in any reasonable manner the church deems appropriate.

I am over eighteen years of age, and legally competent to execute this release; and that before signing this release claimant has fully informed himself/herself of its contents and meaning and has executed it with full knowledge thereof.

Signature

Date

FOR OFFICE USE ONLY

Paid: _____

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