

WIYLDE 2019

June 16-19, 2019 at Wartburg College in Waverly

Name _____ Home or Parent Phone _____

Address (include city and zip code) _____

Emergency contact and phone _____

Parent Email address (print clearly) _____

Student Email address (print clearly) _____

Grade entering Fall 2019 _____ T-Shirt Size _____ M or F (circle) Student cell number: _____

Church Name and City it's located in _____

Preferred Roommate (*only available to returning students*) _____

Medical information: **We must have a photocopy of medical insurance card. Please send with registration.**

Allergies? _____

Dietary needs? _____

If you invite a friend to come to WIYLDE for the first time (they have to be a new camper), you could receive \$25 off your registration! Check the box in the payment section – your \$25 off will be taken off after your friend registers.

Did you encourage a friend to register and they signed up? _____ YES _____ NO

What is your friends' name? _____

WIYLDE participants—Please read and sign!

I understand that I am coming to WIYLDE to learn and grow in faith. I will participate in all experiences scheduled for me, and work to be a contributing member of the community. I agree to meet with my pastor upon returning home.

Signature _____

Parents—Please read and sign!

My son/daughter has permission to participate in all WIYLDE activities. In case of my/our absence or unavailability, you are hereby authorized to perform or arrange for whatever treatment you may consider necessary for my/our minor child. I grant permission for photos and/or video taken of my child while at WIYLDE to be used in WIYLDE publications/promotional materials/newsletters/website.

Signature _____

THERE'S MORE ON THE BACK!!!!

Pastor/Youth Worker—Please read and sign!

I recommend the applicant to WIYLDE and agree to review and evaluate the experience with her/him upon their return home.

Signature _____

Registration fee = \$300. Make checks payable to: Northeastern Iowa Synod

We encourage churches to pay for \$100 of your registration.

The Northeastern Iowa Synod will give synod members a scholarship of \$100 towards your registration. (Please check with your synod office if you are not in the Northeastern Iowa Synod.)

We encourage your families to pay \$100 towards your registration.

I am including a check for \$_____

My church is sending a check for \$_____

My synod is helping me with \$_____

Invite a Friend Discount _____ (taken off the family's responsibility)

Mail payment and completed form to:

WIYLDE

c/o Deb Bachman

301 1st St. NW

Waverly, IA 50677

Registration Deadline is May 1, 2019

Questions may be directed to Deb Bachman
Youth Coordinator for Northeastern Iowa Synod
dbachman72@gmail.com