



**CDDC Youth Convention '10**  
**Pastor / PK Registration**

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|---|-----|
| <b>Registrant Info:</b>   |     |
| Name  | Age |
| Address   |     |
| Phone Number  |     |
| Parent / Guardian   |     |
| Parent / Guardian Emergency Phone Number  |     |
| T-Shirt Sizes:    s    m    l    xl   |     |
| <b>Church / Youth Group Info:</b>   |     |
| Church Name   |     |
| Church Address  |     |
| Church Number   |     |
| Youth Director  |     |
| <b>Important Information:</b>   |     |
| <p style="text-align: center;">* only registrations postmarked by Nov 1st will receive a t-shirt *</p> <ul style="list-style-type: none"> <li>• Convention will be held at the <b>SHERATON HOTEL</b>, 1550 Court Place, Denver CO, 80202<br/>November 24, 25, 26, 2010. For hotel reservations please call 1-888-627-8405</li> <li>• November 24: Registration will be held from 1:00pm – 7:00pm<br/>Night service will begin at 7:30 p.m.</li> <li>• Please mail all registration forms and money to: <b>CDDC Ministries</b><br/>2500 Corona Dr. NW<br/>Albuquerque, NM 87120</li> </ul> <p>For hotel directions or further information please visit us at: <a href="http://www.CDDCyouth.com">www.CDDCyouth.com</a></p> |     |

**Full conference, no day or night participants.**  
**Registration is transferable but non-refundable.**

**Parent Consent**

I hereby give my child, \_\_\_\_\_, permission to participate in the CDDC Youth Convention of 2010 and to release the district, attending church and its said representatives from all liability for any mishap which may befall said child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Consent**

I, \_\_\_\_\_, here by agree to participate in all events and activities and adhere to all the rules and regulations of the CDDC Youth Convention 2010.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_