



2010 GLAD YOUTH CONVENTION | NOVEMBER 25-27, 2010 | SAN ANTONIO, TX

ATTENDEE INFORMATION (PLEASE PRINT)

CHURCH:	
MAILING ADDRESS:	
CITY/STATE:	ZIP CODE:
SENIOR PASTOR:	YOUTH LEADER:
LEADER'S EMAIL:	
LEADER'S CELL:	CHURCH PHONE NUMBER:
IF YOU ARE A MEMBER OF THE GULF LATIN DISTRICT, WHAT SECTION DOES YOUR CHURCH BELONG TO? IF INDEPENDENT, PLEASE WRITE INDEPENDENT:	

REGISTRATION INFORMATION — FOR EVERY 15 PAID REGISTRANTS, GET ONE FREE!

1	CHOOSE REGISTRATION DEADLINE:	<input type="checkbox"/> EARLY (\$50— MUST BE POSTMARKED BY SEPT. 17) <input type="checkbox"/> REGULAR (\$60—MUST BE POSTMARKED BY OCT. 15) <input type="checkbox"/> LATE (\$70— MUST BE POSTMARKED BY NOV. 12)
2	INDICATE # OF TOTAL REGISTRANTS: *INCLUDE FREE REGISTRANTS *DO NOT INCLUDE PASTOR OR PASTOR'S SPOUSE.	
3	PLEASE INDICATE T-SHIRT SIZES: *ADD \$1 FOR 2XL TSHIRTS *ADD \$2 FOR 3XL TSHIRTS	SMALL:_____ MED:_____ LARGE:_____ XL:_____ 2XL:_____ 3X:_____
4	DETERMINE AMOUNT DUE:	
5	PAYMENT METHOD: MAKE CHECKS PAYABLE TO GLAD YOUTH MINISTRIES. ONLY CHURCH CHECKS & MONEY ORDERS. ABSOLUTELY NO PERSONAL CHECKS. \$25 RETURN ITEM FEE FOR ALL BOUNCED CHECKS.	<input type="checkbox"/> CHECK/MONEY ORDER # _____ <input type="checkbox"/> CHARGE MY VISA/MASTERCARD/DISCOVER CARD NUMBER: _____ EXPIRATION DATE: _____ NAME: _____ BILLING ADDRESS: _____ CITY, STATE, ZIP: _____

MAIL COMPLETED FORMS TO: FOR MORE INFORMATION:

GLAD YOUTH MINISTRIES
 10843 BRAUN RD.
 SAN ANTONIO, TX 78254
 FAX (CC ONLY): 210.688.3628



OFFICE: 210.688.7370
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