

ENGAGE CONFERENCE REGISTRATION 2024

	Please fill out all fi	elds.					
Youth or Advisor Select One							
First Time Attendee? YES NO Circle One							
First Name	Last Name						
Email							
Address							
City	State		Zip				
Gender? FEMALE MALE							
Grade Starting Fall of 2024							
T-Shirt Size: Youth SM Youth MED	Youth LG SM	MED I	LG XL	2XL	3XL		
Region	Church						
Any Food Allergies/Restrictions?							
Photo Consent:							
I hereby grant permission to use		(stu	udent's name)	likeness	in any ph	otographs	s,
videos, or other media captured or produced du	-		-			_	
The Brethren Church, Inc. may use these mater	ials for promotional, ed	ducational,	or informat	tional pu	rposes, inc	cluding bu	ut no

partners or affiliates.	
I acknowledge that once the media is shared, it may be publicly these materials. However, any use of my likeness will be condu- request the removal of any specific content featuring my likene to the best of their ability.	
Parent/Guardian signature (for minor child) Signature (18+)	Date

limited to publication, website content, social media, and marketing materials. This consent extends to any associated