

March For Life Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Are you over the age of 16? ____ Yes ____ No

Will you be having someone 16 or under traveling with you? ____ Yes ____ No

If you answered yes what is the name and phone number of the person you will be traveling with?

Name: _____

Phone: _____

Emergency Contact:

Name: _____

Phone: _____

Do you have any allergies or medical conditions we should know about in case of an emergency?

Everyone Choose One Conference from the two listed below:

March For Life Conference ____ Evangelicals for Life Conference ____

All students will be required to attend the conference below. If you are not a student and would like to attend this conference you will be responsible for the cost.

Students for Life Conference ____

RELEASE FORM:

Upon acceptance of this entry form, I waive all claims for myself and my heirs against Pro-Life Mississippi sponsors of the March For Life trip for injury or illness from direct or indirect participation. I also grant permission to use any photographs or other promotional record of this event for any legitimate reason. For parents of un-escorted teens we have the right if there are any discipline problems to put your child on a one way plane trip back to Jackson at your cost.

Sign: _____ By typing your name in the box you will sign electronically

Signature (parent of minor)

To be completed by PLM office.

Deposit Due: December 8, 2017 - Deposit Paid \$ _____ Date Paid: _____

Balance Due: December 31, 2017 - Balanced Paid \$ _____ Date Paid: _____