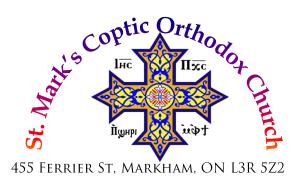


Signature of parent/guardian:__





REGISTRATION/ PERMISSION FORM FOR THE

20th Annual C.O.O.L. Convention

FOR STUDENTS WHO COMPLETED GRADES 7 OR 8

	TOR STODENTS W	TIO COMI LLILD GIALDES I	<u>OKO</u>
<u>Date / Time:</u>	,	ust 17th at 8:00 a.m. gust 19 th at 4:00 p.m.	
Location:	UOIT: 2000 Simcoe	St. North, Oshawa, ON.	
<u>Price</u> :	\$130 per person (plus any additional costs payable to your church for transportation)		
<u>Theme:</u>	Imitation Without Li Imitate me, just as l	i mitation I also imitate Christ. – i	l Corinthians 11:1
August 17 th to Su Oshawa, Ontario. the participant monumbers, O.H.I.P.	inday, August 19 th , 2018 o In order to register for ust provide all the inforn	·	000 Simcoe Street North in on, the parent or guardian of missing emergency telephone
	20 th Annual C	CO.O.L. Convention Registration	
Name of participant (firs	st and last name):		
E-Mail (Please print clear	-ly):		
Name of Church		City	:
Grade Completed:	_ Home Tel. #:	Emergency Tel.#_	
Home Address:			
O.H.I.P. #	Med	ications/Allergies/Medical Conditions	::
			for three friends that you would like
to be in the same room w	ith you at the convention (if yo	our servants approve), please write t	heir names on the back of this form.
act for him/ her according to	convention/activities described above their best judgment in any emerger	we and hereby authorize the directors and /oncy requiring medical attention, and I agree	ion for my above named son or daughter to r the persons responsible for the excursions to to take responsibility for the expenses of such ye, nor the supervising counselors will in any

way be liable or responsible for any loss or injury to persons or damage to or loss of property that may arise during any activity at or related to the abovecited excursion, convention or activity. PARTICIPANTS ARE EXPECTED TO BE ON THEIR BEST CHRISTIAN BEHAVIOUR, OBEDIENT AND

Date:

RESPECTFUL TO THEIR COUNSELORS, AND TO ABIDE BY SET SCHEDULES.