

**TNT@TNU ADULT SPONSOR& SPECTATOR REGISTRATION FORM**

**LOOK FOR EVENT RULES AND INFORMATION AT GeorgiaNYI.com**

Check One

**Sponsor**

**Spectator**

Early Bird Registration Postmarked by Feb. 1 <sup>st</sup>	Regular Registration Postmarked by Feb. 8 <sup>th</sup>
\$275	\$295

Early Bird Registration Postmarked by Feb. 1 <sup>st</sup>	Regular Registration Postmarked by Feb. 8 <sup>th</sup>
\$325	\$340

**\$75 Deposit** and Registration form due by the above dates to lock in your cost. We hate to enforce late fees, but we have to. All balances must be sent in ONE (1) CHURCH check postmarked by **March 13**.

Email [courtneydanae@outlook.com](mailto:courtneydanae@outlook.com) for questions.

Forms must be turned in to your local NYI Leader. Forms must be mailed together with ONE (1) CHURCH check made payable to **Georgia District NYI**. Mail Forms and check to: **Courtney Ewing, 2646 GA HWY 338, Dexter, GA, 31019**

**Please remember ALL adult Sponsors are required to have a National background check run within the last two years.**

**Please attach a copy of your background check to this form.**

**Dates:** April 4-7, 2019; TNT ends with closing ceremony around 10pm Sat, but GA attends Sun am service.

**Location:** Trevecca Nazarene University 333 Murfreesboro Rd Nashville, TN 37210 (615)248-1320

**Don't forget that all teens are required to travel on district provided vehicles.**

(Please **PRINT** all information and fill out form in its entirety)

If you are not a coach or adult spectator, you will be asked to oversee a category or individual sport at TNU.

Ex: Vocal Music, Tennis, etc. Coaches will oversee team sports. Category you would prefer: \_\_\_\_\_

District: **Georgia**

Home Church: \_\_\_\_\_ \*Include City if "First Church" Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature that you read this form & it is accurately filled out \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (city) (state) (zip code)

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail Address: \_\_\_\_\_ Circle T-Shirt Size: Small Medium Large XL XXL XXXL

**INSURANCE AND MEDICAL INFORMATION**

Please list any medical problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

Past Surgeries: \_\_\_\_\_

Name of medications & dosage you will be taking at the time of the event in case of emergency: \_\_\_\_\_

\_\_\_\_\_

List medications you are allergic to: \_\_\_\_\_

Emergency Phone: (\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_ is a trusted leader of the local NYI. \_\_\_\_\_

(Sponsor's name)

(Pastor or Local NYI President's Signature)

Please attach copy of NATIONAL background check run within the last two years