



Get Smart is a youth conference for High School teenagers and is all about spending three days being inspired and empowered. With incredible speakers and crazy hangouts, it is a conference you don't want to miss! The conference runs from Thursday 19th to Sunday 22nd July and registrations cost \$99 including the conference ticket, transport, accommodation and breakfast. Both lunch and dinner meals will need to be paid for separately by the attendee. As our usual accommodation at Silverstream Retreat is fully booked, attendees will be staying off site at other accommodation we have organised. All attendees need to be at Silverstream Retreat by 5pm on Thursday 19th July and can be picked up after church on Sunday the 22nd. All other information and a conference schedule will be sent via email closer to the date once your registration form is received. If you have any questions please do not hesitate to contact me. Please complete the following permission slip and return by July 4th to Ana. Full payment is due by Sunday 15th July.

Ana Van Elswijk
(E) ana@lif SWITCH .org.nz
(M) 027 385 1694

Get Smart Youth Conference 2018 Permission Slip

Full name: **Address:**.....
Phone Number:..... **Email:**
D.O.B:
Emergency Contact Name & Number.....
Medical info:.....

Payments:
Please attach cash or cheques to this form and return to Ana Van Elswijk or post to 3 Reynolds Bach Drive Silverstream. (Cheques should be made payable to 'LifeSwitch'.) For Direct Credit/Internet payments please credit the LifeSwitch bank account 06-0545-0014111-26. Please include your name and "Get Smart" as the reference.

For Credit card (Visa or Mastercard only) - please complete the following:
Please debit my credit card in the amount of \$_____

Card type: Visa Mastercard Name on card: _____

Card Number: - - -

Expiry date: ____/____ Signature: _____

Parents/ Guardians please complete the following section if the attendee is under 18 years.
I give permission for to go on the Get Smart Youth Conference trip from the 19th to the 22nd of July. I understand that the leaders may have to make decisions in relation to his or her safety on my behalf including Medical treatment. I accept responsibility for any accident or loss of property caused by my child.
Signed..... Date.....
Parent email.....