

Baptized, Called, Now What? – November 1, 2009

Metro DC Synod Event Registration Form - Adult

Name _____ Female ___ Male ___

Address _____

Emergency Contact Information:

Name _____ Relationship _____

Phone: Home _____ Cell _____

Congregation _____ Position _____

Name City/Town State

Special Needs: (Language, accessibility, food, etc.) _____

Consent Form

In the event that I cannot give authorization in person, I hereby give authorization to the staff of this event to seek emergency medical treatment on my behalf. This authorization is valid for November 1, 2009. I also grant the Synod & ELCA unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation.

Signature _____ Date _____

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