

PARENTS WITHOUT PARTNERS
60th ANNIVERSARY INTERNATIONAL CONVENTION – JULY 17-20, 2019
Four Points by Sheraton, 319 Fountain Parkway, Fairview Heights, IL 62208
618-622-4457

Space is limited, Register before June 1, 2019

Age of Child must be 6 to 17

Registration Form Must be Completed and Signed by Parent Or Guardian and accompanied by full payment. Please send a separate form for each child. Registrations received after June 1, 2019 will be accepted **as space is available**. **ABSOLUTE** deadline is June 30, 2019

Last Name: _____ First Name: _____ DOB: _____ Sex: M F
Address: _____ City: _____ State/Prov: _____ ZIP/Postal Code: _____
Country: _____ Phone: (____) _____ Childs e-mail: _____
Grade Next Fall: _____ Has This Child Attended Convention Before? Y N If yes, number of years: _____

NOTE: No evening childcare will be provided – all children will be in the care of the person who brought them to the convention from 6pm each night to 7am the following morning. Contacts can be provided for evening childcare for an hourly rate.

Parental Information (Information while your child is attending youth program) (The Parent and/or Guardian must be a registered participant of the Convention)

Parent's or Guardian's Name: _____

Telephone/Cell Contact Info: _____

To the parent or guardian of this youth: Your signature below indicates the following:

- My child has permission to take part in usual youth program activities and special trips.
- I will take responsibility to see that my child is properly prepared for all activities including having the proper clothing, equipment and being in good health.
- My child has the following health condition or special needs which might affect regular activities: _____
- Please list any medical, physical or mental information that could be of any help to the volunteers caring for your child: _____
- Diet or allergy needs that we should be aware of: _____
- I understand that for the safety of my child and others that the following are grounds for dismissal from the Youth Program without a refund: possession and/or use of alcohol, illicit drugs, tobacco, knives, fireworks and/or inappropriate behavior. **Dismissal will be at the discretion of the Local and International Convention Committee, with no refund.** Doctor prescribed medications must be administered by the guardian/parent.
- I will volunteer to work with the children for at least one shift during the convention. I will sign up for a time slot at registration.
- I/We have read the above and accept all terms & conditions therein.

Signature of Parent or Guardian: _____ **Date:** _____
(Signature indicates acceptance of the above)

I want to participate in the youth activities and will abide by the rules of the program:

(Signature of the youth)

Mail Completed Form and Check/Money Order/Cashier's Check Payable to: **PWP International Convention**
Sent to: **PWP c/o Harriet West, 11776 East Shore Dr., Whitmore Lake, MI 48189; hwest2236@charter.net**

\$65 (US), postmarked by June 1, 2019 \$75 (US), postmarked by June 30, 2019

Optional Pre-Convention Tour:

****Parent must attend pre-convention tour in order for child to attend pre-convention tour** Tour cost: \$65**

Payment of: \$ _____ by Check: # _____ Cashier's Check: # _____

****Total Youth Fee/Tour Fee must be paid with this form****