

YAL DC Weekend 2007 Registration Form

November 8th – 11th, 2007

This registration form is to be used by registrants wishing to pay by check who do not wish to enter their information online. All registrants wishing to pay by credit card must register via the secure online registration form found at **DCGreeks.com** at <https://www.dcgreeks.com/yaldcweekend> (To encourage online registrations, a \$5 credit card **discount** will apply.) Registrants wishing to pay by check may also expedite their registration by registering online via **DCGreeks.com** and mailing in the completed forms with their check.

First Name	Middle Name	Last Name	Suffix
Street Address			
Street Address (2 nd Line)			
City	State	ZIP	
Date of Birth	Gender		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Phone	Cell Phone	Email Address	
Emergency Contact's Name		Emergency Contact's Phone	
How did you hear about this event?		How many previous YAL DC Weekends have you attended?	
<input type="checkbox"/> A friend or relative <input type="checkbox"/> Priest <input type="checkbox"/> Local YAL <input type="checkbox"/> Flyer		<input type="checkbox"/> DCGreeks.com <input type="checkbox"/> Another Website <input type="checkbox"/> Other:	
Select your Registration Package:			
Early Bird Registration (Must be postmarked on or before) 8/31/07 9/30/07		Regular Registration (Must be postmarked on or before 11/7/07)	
<input type="checkbox"/> \$60: 26 years-old and over <input type="checkbox"/> \$55: Saturday Night Dance Only		<input type="checkbox"/> \$80: All Registrants <input type="checkbox"/> \$55: Saturday Night Dance Only	
Total Enclosed (Checks may include multiple registration fees.) \$		Payer's Name as it appears on the Check	
		Check Number	
LIABILITY WAIVER By signing below, I expressly acknowledge that I am holding harmless the organizers of the YAL DC Weekend (including but not limited to the DC/MD/VA YAL Committee "YAL DC Weekend"), their respective churches, their employees and agents, and DCGreeks.com, LLC, its employees, managers, owners and agents, from any and all liability connected with my travel to and participation in all events sponsored by the YAL DC Weekend Planning Committee. I understand that my registration will not be accepted without this acknowledgement.			
Legal Signature		Date	

Please mail this form, along with check or money order payable to "**DC/MD/VA YAL**" to:

YAL DC Weekend
26 Manor Springs Ct
Glen Arm, MD 21057