

2012 CALIFORNIA BREAKAWAY REGISTRATION

FIRST NAME: _____ **LAST NAME:** _____

ADDRESS: _____

CITY: _____ **PROVINCE:** ____ **POSTAL CODE:** _____

HOME PH #: _____ **CELL PH #:** _____

E-MAIL ADDRESS: _____

GRADE: ____ **AGE:** ____ **M/F:** _____

NAME OF SCHOOL: _____

HEIGHT: ____ **WEIGHT:** _____

BIRTHDATE (D/M/Y): ___/___/_____/199__

PASSPORT #: _____ **CITIZENSHIP:** _____

T-SHIRT SIZE: (NOTE- GIRL'S SHIRTS ARE FITTED) _____

HAVE YOU BEEN ON THE TRIP BEFORE? Y / N

ROOMMATE PREFERENCE (UP TO 3 FRIENDS/ROOM):

1. _____ 2. _____ 3. _____

WERE YOU INVITED BY A FRIEND WHO WAS ON CALBREAK BEFORE AND IS COMING THIS YEAR?

Y / N WHO? _____

FATHER'S NAME: _____

ADDRESS: _____

CITY: _____ **PROVINCE:** ____ **POSTAL CODE:** _____

EMAIL: _____

WORK PH: _____ **HOME PH:** _____ **MOBILE PH:** _____

MOTHER'S NAME: _____

ADDRESS: _____

CITY: _____ **PROVINCE:** ____ **POSTAL CODE:** _____

EMAIL: _____

WORK PH: _____ **HOME PH:** _____ **MOBILE PH:** _____

SASK HEALTH # _____

EXTRA TRAVEL INSURANCE CARRIER: _____

POLICY # _____ **TOLL FREE:** _____

MEDICAL CONCERNS (I.E ALLERGIES): _____

DOCTORS NAME: _____ **DOCTOR'S PH:** _____

CONTACT OUR OFFICE FOR SPACE AVAILABILITY. REGISTER EARLY TO AVOID DISAPPOINTMENT. SEND IN THIS FORM AND YOUR \$395 DEPOSIT (NON-REFUNDABLE) TO HOLD YOUR RESERVATION. REMAINING BALANCE IS DUE JANUARY 31, 2012.

***PLEASE MAKE CHEQUES PAYABLE TO "YFC" PLEASE DO NOT POST-DATE CHEQUES**

YOUTH FOR CHRIST
SASKATOON 

CALBREAK

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