

# Cornerstone Youth All-Nighter

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## YOUTH INFORMATION

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female

School: \_\_\_\_\_

Youth Home Phone \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

## PARENT/ GUARDIAN INFORMATION

Name(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

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Parent/Guardian Signature

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Date