



TOV 2018 June 11th—15th 1:30pm–8:30pm

TOV is for kids who have completed grades 6th through 12th

On Line Registration Available at: [www.teensofvictory.org](http://www.teensofvictory.org)

Grade Completed Spring 2018: \_\_\_\_\_

Circle one: Male Female Age: \_\_\_\_\_

First (preferred) Last  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The church I attend: \_\_\_\_\_

The school I attend: \_\_\_\_\_

Email: \_\_\_\_\_

Please check one of the following boxes:

I have attended TOV

Never attended TOV

How did you hear about us? \_\_\_\_\_

T-Shirt Size: (Circle One) Adult: S M L XL XXL

Cost: \$70.00 By May 1st

\$80.00 After May 1st (Registration Ends May 14, 2018)

\$90.00 After May 14, 2018

NOTE: 3<sup>rd</sup> Child Or More In Family Will Be Half-Price

Make checks payable to: Southgate Church

Return completed form immediately to:

Southgate Church, 9820 East Watson Road, Crestwood, MO 63126

TEEN TOV Camp 2018

My teen \_\_\_\_\_  
has permission to participate in all TOV 2018 events and field trips.  
I give my consent for my teen to be photographed as a part of TOV  
programming and non-profit promotions. In the event that my teen  
needs medical attention during TOV 2018, I give permission for the  
Ministry Staff to administer medical treatment or admit to a hospital for  
emergency treatment. I further agree to hold harmless and re-lease from  
liability Southgate Church, its ministers, and anyone acting on behalf of  
TOV for any and all injuries sustained while at TOV.

I give my permission to administer over the counter medication

Yes  No

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Primary Contact  
Phone No. \_\_\_\_\_ Owner: Mother Father  
Circle One

Father's Name  
First & Last: \_\_\_\_\_

Cell #: \_\_\_\_\_

Mother's Name  
First & Last \_\_\_\_\_

Cell #: \_\_\_\_\_

Emergency Contact Information: Please Print Plainly

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

