

Pennsylvania Masonic Youth Foundation's  
**LifeSkills Conference 2014**

July 20 - 25, 2014

The Conference is limited to 100 participants. Registrants will be processed in order of receipt. **Registration fee must accompany this form.** Medical history, emergency care and ropes course releases will be required of conferees upon acceptance. **Registration Deadline: June 16, 2014.** First-time attendees will receive priority up to this date.

Full Name \_\_\_\_\_ Name you go by \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

E-Mail Address \_\_\_\_\_

T-shirt Size: (Adult sizes) S M L XL Other \_\_\_\_\_

### **PARTICIPANT/PARENT STATEMENT**

I agree to follow all the rules established by the PA Masonic Youth Foundation of the Grand Lodge of PA for the use of the Masonic Conference Center – Patton Campus in Elizabethtown. I will conduct myself as a responsible citizen, and in accordance with the Full Value Contract and the conference rules explained to me at the opening session of the program (These rules may be reviewed at [www.pmyf.org/conf/lifeskills/rules.html](http://www.pmyf.org/conf/lifeskills/rules.html)). I agree that if I violate any of these regulations the Conference Director may temporarily restrict my participation in programmed activities, or may choose to send me home immediately at my own or my parents' expense, and without refund of registration fees. I allow photographs, videotapes and interviews to be taken during the LifeSkills Conference, and for any such photographs, videotapes and/or interviews to be published and used by the Pennsylvania Masonic Youth Foundation to illustrate, promote, and advertise the conference and other programs.

PARTICIPANT'S SIGNATURE \_\_\_\_\_

I have read and agree with the above participant statement and rules. I understand fully that if my child violates any of the rules of the Conference, that he/she may be sent home, at the sole discretion of the Conference Directors, and at my expense. I give permission and consent for my child to participate in all activities, and to allow photographs, videotapes, and interviews to be taken during the *LifeSkills Conference*, and for any such photographs, videotapes, and/or interviews to be published and used by the Pennsylvania Masonic Youth Foundation to illustrate, promote, and advertise the conference and other programs.

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_

### **ELIGIBILITY** (select one)

PA Masonic Youth Group Member (give group name and location): \_\_\_\_\_

PA Masonic Relative (give name and Lodge No.): \_\_\_\_\_

PA Masonic Lodge Sponsorship (give Lodge Name and No.): \_\_\_\_\_

This is my first **LifeSkills** Conference.       This is my second **LifeSkills** Conference.

***Applications to attend beyond a second time are not accepted.***

### **REGISTRATION FEES**

\$300 for 1<sup>st</sup>-time attendees (\$600 cost with \$300 subsidy by the PA Masonic Youth Foundation.)

\$450 for 2<sup>nd</sup>-time attendees (\$600 cost with \$150 subsidy by the PA Masonic Youth Foundation.)

Make check payable to "**Pennsylvania Masonic Youth Foundation.**" Registrations without payment will be held for 10 days only. **Full payment is required to guarantee reservation.**

**Mail to:** PA Masonic Youth Foundation; 1244 Bainbridge Road; Elizabethtown, PA 17022