

NC/BERMUDA CONVENTION **ALATEEN** REGISTRATION FORM

(Must be completed by EVERY Alateen attending Convention)

SECTION A: ALATEEN INFORMATION

Name: First _____ Last _____

Gender _____

Age _____ Name on badge _____

Home address _____ City _____ State /

Province _____ Zip _____ Phone numbers (Home) _____

(Cell) _____

SECTION B: ALATEEN GROUP INFORMATION

Alateen group name _____ City _____

State / Province _____

SECTION C: TRANSPORTATION (Person transporting you to and from Convention) Name: First _____

Last _____ Phone numbers (Home) _____

(Cell) _____ Driver's relationship to you (Check all that apply):

Parent/Guardian _____ AMIAS _____ Self _____

SECTION D: FOR PARENT/GUARDIAN (If transporting Alateen to Convention)

Check one:

I am staying for the entire Convention and my child will be under my care at all times (Your child must have an AMIAS to participate in the Convention).

I am leaving my child in the care of (AMIAS) _____ for all/part of the Convention. If registering your child on-site please complete the "NORTH CAROLINA ALATEEN MEDICAL INFORMATION AND TRAVEL AUTHORIZATION FORM" and leave at Alateen registration desk.

SECTION E: ABOUT YOUR ALATEEN SPONSOR OR ASSISTING AMIAS

Your Certified AMIAS/Sponsor for the weekend must be the same gender as you. If you cannot arrange for a Sponsor of the same gender, please contact the Area Alateen Coordinator at alateen@ncbermudaafg.org so that one can be assigned to you for the Convention. AMIAS name:

First _____ Last _____ Phone numbers
(Home) _____ (Cell) _____

SECTION F: OTHER IMPORTANT STUFF For Alateen:

I have read the NC/Bermuda AI-Anon/Alateen Safety and Behavioral Policies and agree to abide by them during this event. Initial here _____ If you do not have a copy, contact alateen@ncbermudaafg.org

Will you be attending the Alateen dinner on Saturday night? Yes _____ No _____

For Parent / Guardian:

I authorize my child to attend the NC/Bermuda AI-Anon/Alateen Convention, MARCH 1-3, 2024.

Parent /Legal Guardian (print): First _____ Last _____

Parent / Legal Guardian (sign): _____ Date _____

REMINDER: Please mail a copy of your NC/Bermuda Medical and Travel Authorization Form

Make check payable to: NC/Bermuda AFG Convention
Mail Registration form, payment and the Medical/Travel form to:
c/o Karen Underwood, 422 Hyde Street, Burlington, NC 27217

Early Bird Cut-off: February 23, 2024 Early bird registration fee \$5.00

Coupon Code is "Alateen"

Onsite registration fee: Alateen \$10.00