NC/BERMUDA CONVENTION ALATEEN REGISTRATION FORM

(Must be completed by EVERY Alateen attending Convention)

SECTION A: ALATEEN INFORMATION			
Name: First	Last		
Age Gender	Name on badge		
Home address			
City	State / Province		Zip
Phone numbers (Home)	(Cell)		
SECTION B: ALATEEN GROUP INFORMATION	TION		
Alateen group name			
City	State / Province _		
SECTION C: TRANSPORTATION (Person t	transporting you to and from Conv	vention)	
Name: First	Last		
Phone numbers (Home)			
Driver's relationship to you (Check all	that apply): Parent/Guardian	AMIAS	Self
SECTION D: FOR PARENT/GUARDIAN (If t	transporting Alateen to Conventio	n)	
Check one:			
I am staying for the entire Conve	ntion and my child will be under m	ny care at all time	es.
I am leaving my child in the care of Convention. If registering your child of MEDICAL INFORMATION AND TRAVEL	n-site please complete the "NORT	H CAROLINA AL	ATEEN
SECTION E: ABOUT YOUR ALATEEN SPO	NSOR OR ASSISTING AMIAS		
Your certified AMIAS/Sponsor for the value a Sponsor of the same gender, please alateen@ncbermudaafg.org so that on	contact the Area Alateen Coordina	ator at	not arrange for
AMIAS name: First	Last		
Phone numbers (Home)	(Cell)		
SECTION F: OTHER IMPORTANT STUFF			
For Alateen: I have read the NC/Bermuda Al-Anon/Aduring this event. Initial here	Alateen Safety and Behavioral Po	licies and agree	to abide by them
Will you be attending the Alateen dinne	er on Saturday night? Yes	No	
For Parent / Guardian:			
I authorize my child to attend the NC/B			
Parent / Legal Guardian (print): First _ Parent / Legal Guardian (sign):	Last		Date

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

Make check payable to: NC/Bermuda AFG Convention

Mail this Registration form, payment and the Medical/Travel form to:

Attn Karen Underwood, 2324 McKinney Street, Burlington, NC 27217

Early Bird Cut-off: March 7, 2024

Early bird registration fee: Alateen \$5.00 Onsite registration fee after March 7: Alateen \$10.00