

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

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.
 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 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 Al-Anon/Alateen Safety and Behavioral Policies and agree to abide by them during this event. Initial here _____

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

For Parent / Guardian:

I authorize my child to attend the NC/Bermuda Al-Anon/Alateen Convention, February 27 - March 1, 2026.

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 checks payable to: NC/Bermuda AFG Convention

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

NC Bermuda Convention, Attn Fatima Khastkhoda, PO Box 98211, Raleigh, NC 27624

Early bird rate ends: January 27

Early bird registration: Alateen \$5.00

Registration after January 27 and onsite: Alateen \$10.00