



Christian Youth Conference at Ocean Park

www.cycop.org

August 2020
Registration Form

FOCUS

Theme Scripture: Colossians 3:2 (NLT)

Set your mind on things that are above, not on things that are on earth.

Dates: August 2-15, 2020
Place: Oceanwood, Ocean Park, ME
Registration: 2:30-3:30 PM Sunday, August 2th
Pick up: 1:30 PM Saturday, August 15th
Cost: \$965(\$150 nonrefundable deposit to register)

Contact our leadership for more information:

Jim Sinclair Dean of Conference,
413-544-8148, dean@cycop.org
Megan Haley Hasseltine Director (Women's Camp),
617-877-9267 hasseltine@cycop.org
Jake Boewe Judson Director (Men's Camp),
603-662-8808, judson@cycop.org

Balance due on or before August 2nd

To request brochures or a copy of the conference video,
please email outreach@cycop.org

First Year Campers: Did someone who has already attended Christian Youth Conference encourage you to register for CYC 2020?

If so, please list the name of the one person most responsible for encouraging you to attend: _____

Student's Name: _____ Phone: (_____) _____

Address: _____ Email: _____

City, State, Zip: _____

Birth date: ____/____/____ Age: _____ Grade as of Sept. 2020 _____ Sex: Female Male Year at Conference: 1 2 3
(Must be at least 14 years of age and entering the 9th grade by August 1st, 2020)

Student's Signature: _____ T-shirt size desired: Small Medium Large XL XXL

Food Allergies or Dietary Restrictions: _____

Parent/Guardian's Name: _____ Signature: _____

Parent/Guardian's Email: _____

Church Name (if applicable): _____

Church Address: _____

Church Phone: (_____) _____ Church Scholarship Amount (if applicable): _____

Pastor's Name: _____

Pastor or Church Scholarship Coordinator's Signature: _____

(Church information and signature is needed if your church is providing a scholarship; we encourage students to seek scholarships from churches and other organizations with which they are affiliated. For information on other scholarships contact Melinda Parry at registrar@cycop.org)

To Register: Send this form and a \$150.00 nonrefundable deposit to:
Melinda Parry – CYC Registrar, 5 Swain Place, Wakefield, MA 01880 (make checks payable to **CYC**)

Or go to www.cycop.org and register online!

Conference Use: Date Received: _____ Deposit Amount: _____ Check # _____