



Christian Youth Conference at Ocean Park

www.cycop.org

August 2024
Registration Form



Theme Scripture: Micah 6:8

He has told you, o people, what is good. And what does the Lord require of you but to act justly, love mercy, and walk humbly with your God?

Dates: August 4-17, 2024
Place: Oceanwood, Ocean Park, ME
Registration: 2:30-3:30 PM Sunday, August 4th
Pick up: 1:30 PM Saturday, August 17th
Cost: \$1,235 (\$150 deposit to register)
Balance due on or before August 4th

Contact our leadership for more information:
Melinda Parry Dean of Conference (Interim)
781-245-9984, dean@cycop.org
Justine Randall Hasseltine Director (Women's Camp),
617-291-6149 hasseltine@cycop.org
Matt Quinlan Judson Director (Men's Camp),
978-827-8268, judson@cycop.org
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 2024?
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. 2024 _____ 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, 2024)

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 Bonnie Sestito at registrar@cycop.org)

To Register: Send this form and a \$150.00 non-refundable deposit to:
Bonnie Sestito, CYC Registrar, 75 Park St, North Attleboro, MA 02740 (make checks payable to **CYC**)

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

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