

# FUTURE LEADER'S CONFERENCE

## STUDENT APPLICATION

Include  
Recent  
Photo

Date of Application: M\_\_\_\_D\_\_\_\_Y\_\_\_\_

Arriving Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Fee: \$\_\_\_\_\_

Departing Date: M\_\_\_\_D\_\_\_\_Y\_\_\_\_ Time: \_\_\_\_\_ AM/PM

\* If you don't have flight info, please leave blank

**Identity:**  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Preferred name to be know by: \_\_\_\_\_  
 Sex: ( ) Male ( ) Female Age: \_\_\_\_\_ Date Of Birth M \_\_\_\_D \_\_\_\_Y \_\_\_\_  
 Attending School: \_\_\_\_\_ Grade in September: \_\_\_\_\_

**Permanent Address:**  
 Street/Box: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (W) \_\_\_\_\_  
 Email: \_\_\_\_\_

**Family Information:**

Name	Relation	Date of Birth	Job/School

Will your family be accompanying you? ( ) Yes ( ) No  
 If yes, who: \_\_\_\_\_

**Passport/Visa information:**  
 County of citizenship: \_\_\_\_\_  
 Name as listed on passport: \_\_\_\_\_ Passport Number: \_\_\_\_\_  
 City and county where passport was issued: \_\_\_\_\_ Passport expire date: M \_\_\_\_D \_\_\_\_Y \_\_\_\_  
 Visa type (non US citizens only) \_\_\_\_\_ Date issued: M \_\_\_\_D \_\_\_\_Y \_\_\_\_ Visa expire date: M \_\_\_\_D \_\_\_\_Y \_\_\_\_

**Church Information:**

Home Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

**Christian experience:**

Please answer the following Questions:

1. Assurance of salvation: ( ) Yes ( ) No ( ) Not sure
2. Is there any outstanding problem or difficulty in your life?

3. What expectations do you have for this conference?

**Emergency information:**

Contact name: \_\_\_\_\_ Relation to you: \_\_\_\_\_  
 Street/Box: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**In case of emergency, I/We hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.**

Signature: \_\_\_\_\_ Date: M\_\_D\_\_Y\_\_

(Applicant or parent/Guardian)

Relationship: \_\_\_\_\_ (If applicant is under 18 years of age, signature of parent or responsible party is required)

**Release of Liability:**

I/We do hereby release Asociacion Misionera De San Jose, its agents, employee, and volunteer assistants from any liability whatsoever, arising out of any injury, illness, damage or loss which may be sustained by the said person during the course of involvement with Asociacion Misionera De San Jose.

Signature: \_\_\_\_\_

Date: M\_\_D\_\_Y\_\_

(Applicant or Parent/Guardian)

Relationship: \_\_\_\_\_ (If applicant is under 18 years of age. Signature of parent or responsible party is required)

**Certification:**

**I certify that all the information in this application is complete and accurate.**

Signature: \_\_\_\_\_

Date: M\_\_D\_\_Y\_\_

(Applicant or parent/Guardian)

Relationship: \_\_\_\_\_ (If applicant is under 18 years of age, signature of parent or responsible party is required)

Please mail all forms and Fee to: Do Kim

P.O. Box 428, Morton Grove, IL 60053