



**Full Gospel Baptist Church Fellowship International
Children and Youth Zone**

CHAPERONE INFORMATION FORM

*Indicates required information

Church*: _____

Youth Director*: _____

Senior Pastor*: _____

Address*: _____

Phone#1*: _____ Phone#2*: _____

Email#1*: _____

Email#2: _____

Chaperone*: _____

Cellular#*: _____

Emergency#*: _____

Hotel*: _____ Room#*: _____

Please list the name(s), age, day, and the area (listed above) in which each person would like to serve:

Name of Youth	Age	Consent/Liability Form (Y/N)	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Important Information!!!

Chaperones are to keep the Consent/Liability Forms.

If you have any questions concerning these forms or our conference procedure,
please contact the International Children/Youth Office. | 866-530-6109 (Fax) or email DJamerson@fullgospelbaptist.org