

Donate extra to your Project Aware Registration. Donations will go towards purchasing food and supplies to use on our missions during Project Aware. (optional)

\$5 \$10 \$_____

Please make cheques payable to Apostolic Youth Ministries International (AYMI). For credit card payments please fill in the form below.

CREDIT CARD TYPE

VISA MASTERCARD AMERICAN EXPRESS

Cardholder's Name (as shown on the card) please print

Card Number

Cardholder's Signature

Expiry Date

Amount to be charged

Date

Mail to:

Bay #8 3530 11A St. NE
Calgary, AB T2E 6M7

Fax to:

1.403.717.0709

This is a joint effort of:

AYMI

Apostolic Youth Ministries International

FUELED YOUTH MINISTRIES

M MARTYRSLIFE

project **aware** 2015



HOPE

1.877.356.0707

WWW.PROJECTAWARECANADA.CA

// Regina, SK April 5–9, 2015

THE KING WILL
REPLY, 'TRULY I
TELL YOU, WHATEVER
YOU DID FOR ONE
OF THE LEAST OF
THESE BROTHERS
AND SISTERS OF
MINE, YOU DID FOR ME
MATTHEW 25:40

project aware



Project Aware is a youth missions program aimed at helping youth from grades 7-12 become more 'AWARE' of the world around them and learn how to give of themselves and meet the needs of people that surround them. One of the greatest needs for Christians is to be mindful of the world around us, and to allow the Lord to use us. Then we can walk in obedience with Him, that is what Project Aware is all about!

Truth is, you will probably be changed more than the people you meet.

project aware Registration

Student's Name: _____

Address: _____

City: _____ PC: _____

Home #: _____ Cell #: _____

Date of Birth: _____ Age: _____

Email: _____

Health Care #: _____ Prov: _____

Does the student have any medical conditions, food allergies or special needs that we should be aware of?

Emergency Contact #1: _____

(C) Phone: _____ (H) Phone: _____

Emergency Contact #2: _____

(C) Phone: _____ (H) Phone: _____

I give my son/daughter permission to attend Project Aware hosted at the Regina Apostolic Church on April 5th-9th, 2015. I understand all reasonable safety precautions will be taken at all times by the staff of Project Aware and its agents during the events and activities. However, there may be injuries and I will not hold Project Aware or its associates involved responsible. I give my permission to the leaders of Project Aware to secure medical treatment and effort will be made to contact me, if needed.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Son/Duaghter Name (Please Print): _____

Date: _____

// **Regina, SK / April 5 - 9, 2015**

Regina Apostolic Church
808 Assiniboine Ave E
Registration @ 6:00pm April 5th
Program Ends @ 8:00pm April 9th

Before March 2nd \$95
After March 2nd \$115