



# Registration Form

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ District \_\_\_\_\_

Church: \_\_\_\_\_ E-mail address \_\_\_\_\_

### Spectator/ sponsor

- Student spectator
- Adult spectator/sponsor

### Bible Quizzing

- Bible Memorization
- Coach

### Athletics Junior High Senior High

- Men's Basketball\*<sup>‡</sup>
- Women's Basketball\*<sup>‡</sup>
- Three Point Contest
- Women's Volleyball\*<sup>‡</sup>
- Table Tennis\*
- Soccer<sup>‡</sup>
- Flag Football<sup>‡</sup>
- Coach

**I want to compete at MAX which will be held April 17-19, 2008 on the campus of MidAmerica Nazarene University in Olathe, KS.**

- \* Bracketed Event
- <sup>‡</sup> Team roster must be sent in with individual registrations.
- <sup>‡</sup> List names of all participant of ensembles on separate sheet

### Talent: Junior High Senior High

#### ART (1 ENTRY=1 EVENT)

Category: \_\_\_\_\_

Name of Piece: \_\_\_\_\_

#### VOCAL

- Solo  Male  Female
- Small Ensemble<sup>‡</sup> (2-4)  Large Ensemble<sup>‡</sup> (5 and up)

Group Name: \_\_\_\_\_

Name of Piece: \_\_\_\_\_

#### DRAMATIC ARTS

- Original Speech/Oral Interpretation
- Mime/Drama
- Puppets<sup>‡</sup>

Group Name: \_\_\_\_\_

Name of Piece: \_\_\_\_\_

#### INSTRUMENTAL

- Solo  Ensemble<sup>‡</sup>

Group Name: \_\_\_\_\_

Name of Piece: \_\_\_\_\_

#### KEYBOARD

- Solo  Ensemble<sup>‡</sup>

Group Name: \_\_\_\_\_

Name of Piece: \_\_\_\_\_

#### ORIGINAL COMPOSITION

- Vocal  Instrumental

Name of Piece: \_\_\_\_\_

#### WORSHIP BAND

Group Name: \_\_\_\_\_

Name of Piece: \_\_\_\_\_

### Pricing information

Student Registration fee (up to 3 events incl. 1 bracketed)	\$15.00	_____
Adult registration fee	\$0.00	_____
Tee-shirt:            Circle size <b>S M L XL XXL</b>	\$12.00	_____
	<b>Total</b>	_____

### Rule Acknowledgement

1. I will adhere to the schedule that BLAST organizers set up.
2. I realize that to participate in BLAST I must be attending a Nazarene Church regularly (no less than 30 days prior to event).
3. I agree to abide by all guidelines and policies of the District NYI for BLAST and also agree to conduct myself in a manner that pleases God, my family and my church. I agree to these statements and guidelines and all others set forth by the District NYI.

Registrant's Signature: \_\_\_\_\_

### Pastor's Reference

This registrant has been a regular attendee of our local youth ministries and/or services of our Nazarene Church at least 30 days prior to BLAST.  
 Pastor's Signature \_\_\_\_\_ Church \_\_\_\_\_

#### Where to send it

BLAST Registration  
 Trinity Church  
 3515 Shackelford Rd.  
 Florissant, MO 63031

\*Remember to have the Medical/Liability release signed and notarized and include with your registration form(s).  
**BLAST Deadline:** Postmarked no later than **Feb. 11th, 07**