**QUEST REGISTRATION INFORMATION**

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Registration type: Youth Participant, Adult Sponsor or Staff (Design Team/Program Staff)
2. What is the grade in school for this youth participant
3. Preferred pronouns: he/him/his, she/her/hers, they/them/their
4. What t-shirt size do you need? small, medium, large, XL, 2XL
5. What church do you attend? (include name and city)
6. Name of primary youth leader (first and last name and email address)
7. Emergency Contact name, number and email address
8. Do you have any allergies we should know about?

eggs, milk, peanut/tree nuts, soy, wheat (gluten), fish/shellfish, other, no allergies

If “other” is selected, please specify:

1. Dietary preferences

gluten-free, vegan, vegetarian, dairy free and lactose free, other, no preferences

If “other” is selected, please specify: