

# PRIMARY ADULT LEADER/ADULT LEADER WORKSHEET

This worksheet is for congregational information-gathering purposes only. **Do Not Mail.** The following information will be needed to complete online registration for **ALL** participants.

- Primary Adult Leader  
 Adult Leader

## New, Substitution, or Cancellation

- New       Substitution       Cancellation

If this registration is a substitution please provide the name of participant substituted:

\_\_\_\_\_

**Note:** Substitutions cannot be made after May 28, 2025. Substitutions will not be accepted on-site at the Gathering. A \$150.00 charge per person will be retained for cancellations made on or before May 28, 2025. The remaining funds will be refunded to the congregation through the Primary Adult Leader.

## Indicate

Sex:     F    M      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title (circle one): Mr. / Mrs. / Ms. / Rev. / Dr. / Rev. Dr.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

The Gathering asks that each Adult Leader carry a cell phone at the Gathering and to supply their number to the Gathering Office to contact individual groups in case of a specific emergency. The Gathering will send text messages in emergency situations.

I intend to partake in Holy Communion at the Gathering Worship Service.

Special Needs     Yes    No

If yes, Special Needs Form must be completed.

## T-Shirt Size (unisex)

- Small     Medium     Large     XL  
 2XL     3XL     4XL     5XL

## Adult Leader Information

Day Number: \_\_\_\_\_

Evening Number: \_\_\_\_\_

Emergency Contact (Someone not attending the Gathering):  
\_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

If rostered, please list vocation: \_\_\_\_\_

How many LCMS Youth Gatherings have you attended?  
\_\_\_\_\_

## Ethnicity (Optional)

By law, participants are not required to share their ethnicity. The Gathering respectfully requests an indication of the ethnic-cultural background of a person registering for the Gathering.

- |   |   |
|---|---|
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> Native Alaskan   |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native American  |
| <input type="checkbox"/> Hispanic/Latino        | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Indian                 | <input type="checkbox"/> White/Caucasian  |
| <input type="checkbox"/> Middle Eastern         | <input type="checkbox"/> Multiethnic      |

## Primary Language

- |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> French  | <input type="checkbox"/> German  | <input type="checkbox"/> Other   |

If other, please specify: \_\_\_\_\_

What other languages do you speak fluently?  
\_\_\_\_\_

## For Primary Adult Leaders Only

Our group plans to travel to the Gathering via:

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> Plane | <input type="checkbox"/> Car/Van             |
| <input type="checkbox"/> Train | <input type="checkbox"/> Private Motor Coach |

Name of Pastor who will sign Pastoral Affirmation Form:  
\_\_\_\_\_