

REGISTRATION FEES & DEADLINES

Fees include Saturday lunch & dinner,
and all event supplies and activities.

Early Bird \$90 (before Mar. 4/24)
Regular Rate \$100 (before Mar. 25/24)
Last Chance \$120 (by Apr. 16/24)

A \$25 non-refundable deposit is
required for each participant on or
before the dates above to confirm
rates. All participants are to register,
send payments and completed forms
to their Church Group Leaders.

Church Group Leaders:

Please collect all completed forms.
Submit a copy to Toronto PREMIX
(torontopremix@gmail.com) and keep
original for your records.

**All groups are responsible for their
own transportation and evening
accommodations if needed while at
Toronto PREMIX.**

Please collect all participants (leaders
and students) fees and send one
cheque for the whole group payment
and made payable to "Youth Unlimited"
and in the memo include "Toronto
PREMIX" with your group's names.
\$25 non-refundable deposit are to be
sent to secure your group's place at
the event (ex. with 10 participants to
send one cheque for \$250 as deposit)

**All deposits and payments to be sent
to:
95 Jonesville Cres., North York, ON,
M4A 1H2**

**All balances for groups are due on
April 26, 2024**

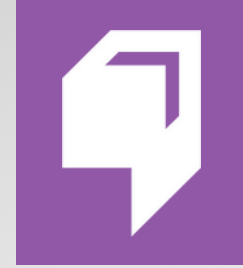
Toronto PREMIX is a ministry
initiative through
Youth Unlimited (Toronto YFC)



CONTACT US

**95 Jonesville Cres
North York, ON, M4A1H2**

<https://www.torontopremix.com/premix>
torontopremix@gmail.com



premix

**APRIL 26-27,
2024**

HOSTED AT:
LOGOS BAPTIST
CHURCH (MILLIKEN)
133 OLD KENNEDY RD.
MARKHAM ON L3R0L5



PARENT/GUARDIAN PERMISSION & RELEASE

Parental consent is required for all minors. Adult participants need only sign and date below.

I, the undersigned (Parent or Guardian), grant permission for my child to attend and participant in Toronto PREMIX. I consent to emergency medical treatment in the unlikely event of accident or illness during my child's involvement at Toronto PREMIX. I hereby release the PREMIX event staff, its associates, DOXA (Youth Unlimited, Toronto YFC) and its associates/volunteers, and the hosting facility and its employees/volunteers from any and all liability that may result from the participant's involvement in Toronto PREMIX.

I, and/or my insurance company, assure full responsibility for the payment of any medical bills.

We, the parent/guardian and the participant, also give Toronto PREMIX event staff the right to use the participant's image in future promotion material.

I, the undersigned participant, agree to follow all of the guidelines outlined by Toronto PREMIX.

PARENT/GUARDIAN SIGNATURE

PARTICIPANT SIGNATURE

DATE SIGNED

PARTICIPANT INFORMATION

NAME

GRADE

6 7 8

EMAIL ADDRESS

PHONE NUMBER

CHURCH NAME & CITY

STUDENT

LEADER

ALLERGIES, DIET, HEALTH CONCERNS

CURRENT MEDICATION

EMERGENCY CONTACT INFORMATION

This form grants the permission for the treatment of minors when a parent/guardian cannot be contacted.

Though in the unlikely event of accident or illness, every reasonable attempt will be made to reach the parent/guardian listed below.

NAME

RELATIONSHIP TO PARTICIPANT

PHONE NUMBER

ADDITIONAL PHONE NUMBER