

# ***DEMO-CON!!!***

***A GATHERING OF TRUU YOUTH FROM AROUND THE PRAIRIE STAR  
DISTRICT***

**Democracy, Demosthenes, Demolition, Demo-Con!**

Unitarian Universalist Fellowship of La Crosse Wisconsin

401 West Ave. S. La Crosse, WI

April 16-18, 2010

Friday 6 P.M. – Sunday 9 A.M.

## **Why YOU want To Come**

- Fun People – Awesome adults and cool new friends just waiting to be made
- Fun Activities – workshops where you can learn and talk about interesting and fun things
- The theme is government – whether you love it or hate it, we all have to live with one
  - We will have speaker(s) talking about our government, other types of government, how they came to be.

## **Rules:**

- No Drugs/Alcohol/Smoking
- The “NO” Rule
- No Fireworks/Pyrotechnics
- No Inappropriate Sexual Activity/One Person Per Sleeping Bag
- Respect For People
- Respect For (Church) Property
- The Golden Rule
- No walk-Ins
- Must Have A Sponsor
- Price is \$25, \$35 if postmarked after April 3<sup>rd</sup> (T-shirts are \$12)
  - (Financial aid is available if needed)

## **What To Bring:**

- Sleeping Bag and Pillow
- Toiletries

- Change Of Clothes
- Talents For Coffee House
- Sponsor (at least 25 years old and one sponsor per seven youth)

**Other Information**

- Registration- 7:00 – 9:30 pm Friday evening; Conference will end at 9:00 am Sunday morning. No meals Friday, snacks will be available.
- Sleeping arrangements – Friday night youth and adults will sleep in gender separate rooms.
- Saturday night youth must have signed permission form to participate in the co-ed lock-in. Gender separated options will also be available on Saturday night.

**Questions/Registration Contact:**

Youth Contact	Youth Contact	Adult Contact
Evan Chaney Email: <a href="mailto:waitingforsundaylead@gmail.com">waitingforsundaylead@gmail.com</a> Phone: (608) 792-4607	Ulric Velimirovic Phone: (608) 792-8487	Kathy Ivey (Director of Religious Education) Email: <a href="mailto:dre@uulacrosse.org">dre@uulacrosse.org</a> Phone: (608) 519-1045

**Send Completed Reg and Sponsor Forms to:**

Kathy Ivey  
 134 22<sup>nd</sup> Street South  
 La Crosse, WI 54601

Limited to first 50 registrants so send your forms NOW!

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## Youth Registration Form

Youth's Name: \_\_\_\_\_ Gender (circle one) M F

Full Mailing Address \_\_\_\_\_

Birth Date: \_\_\_\_\_ First CON? Yes No

\_\_\_\_ Omnivore \_\_\_\_\_ Vegetarian

Youth's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Your Congregation (*if applicable*): \_\_\_\_\_

Congregation Location (*if applicable*): \_\_\_\_\_

would you like to lead a touch-group? YES NO

would you like to lead a workshop? YES NO

If yes, what it's about? \_\_\_\_\_

T-Shirt? No Yes S M L XL (Cost is \$12)

## Parental Consent Form

I \_\_\_\_\_ give my permission for my son/daughter \_\_\_\_\_ to attend the Youth Conference at the Unitarian Universalist Fellowship of La Crosse, Wisconsin on April 16-18 2010. I give my consent and authority for the conference staff to take any reasonable action to help ensure his/her safety, health and welfare, including emergency treatment and surgery. I understand that my child will be required to follow YAC guidelines, and that any breach of these rules may result in my child being disallowed to participate in the remainder of the conference. Should this happen, I understand that my child may be sent home at his/her own expense.

X \_\_\_\_\_ X \_\_\_\_\_

Parent/Legal Guardian Signature Youth Signature

Phone number which parent/guardian can be reached \_\_\_\_\_

Yes \_\_\_\_\_ My son/daughter has permission to participate in the co-ed

lock-in Saturday evening: X \_\_\_\_\_  
Parent/Guardian Signature

## Emergency Info:

Emergency Contact: Name & Phone: \_\_\_\_\_

Family Physician: Policy Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Allergies or Dietary Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

Injuries or conditions that might affect youth's participation (optional): \_\_\_\_\_

Other Needs/Information: \_\_\_\_\_

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## DEMOCON-Sponsor/Chaperone Registration

Sponsor's Name: \_\_\_\_\_ Gender (circle one) M F

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

\_\_\_\_\_Omnivore \_\_\_\_\_Vegetarian

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Your Congregation (*if applicable*): \_\_\_\_\_

Congregation Location (*if applicable*): \_\_\_\_\_

Is this your first con? YES NO

Would you (or any of your youth) like to lead a workshop? YES NO

If yes, what it's about? \_\_\_\_\_

T-Shirt? No Yes S M L XL (Cost is \$12)

### **Sponsorship**—Please list youth you are sponsoring.

Please do not agree to sponsor more than seven youth.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

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