



# B.O.S.S. CITYWIDE YOUTH SPIRITUAL BOOT CAMP Registration Form



**COSTS FOR REGISTRATION ARE WAIVED.  
DONATIONS WILL BE ACCEPTED AT THE CLOSING CEREMONY / GRADUATION**

### Student Information

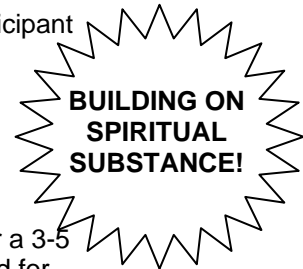
STUDENT'S LAST NAME	STUDENT'S FIRST NAME	SEX (CIRCLE ONE) <b>M</b> <b>F</b>	DATE OF BIRTH
DOES THE STUDENT HAVE ANY HEALTH CHALLENGES OR SPECIAL NEEDS THAT WE SHOULD BE AWARE OF? IF SO, PLEASE DESCRIBE.			GRADE LEVEL: (ie. 5 <sup>th</sup> , 4 <sup>th</sup> , 3 <sup>rd</sup> , etc.)
TALENTS, HOBBIES, INTERESTS			

### Parent/Guardian Information

LAST NAME	FIRST NAME				
ADDRESS	APT	CITY	STATE	ZIP	
DAY PHONE	EVENING PHONE		EMAIL ADDRESS		
CHURCH	IN CASE OF EMERGENCY, CONTACT (NAME, PHONE)				

**HOST CONDITIONS FOR GRADUATION FROM B.O.S.S. CITYWIDE YOUTH SPIRITUAL BOOT CAMP**

- I AGREE:** To be **ON TIME** and **PRESENT** (with student manual) EACH DAY  
WORD ABLAZE MINISTRIES – 5:30pm (Monday – Friday) Saturday (TBD)
- I AGREE:** To sit under discipline during all training sessions, and be a serious participant in each session, striving for personal growth
- I AGREE:** To look at and be willing to change failure-causing habits.
- I AGREE:** To read and memorize the ten (10) B.O.S.S. The Movement Pledges.
- I AGREE:** To pass a written & verbal test in excellence AND be prepared to deliver a 3-5 minute presentation (if called upon) at the last class session to be judged for poise, confidence, enthusiasm and substance.



*By signing below, you agree to the above terms and host conditions for Graduation.*

**Parent/Guardian Signature:**

**Student's Signature:**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**HOST LOCATION:**  
WORD ABLAZE MINISTRIES  
7351 Prairie Falcon Road  
Las Vegas, Nevada

**Contact Phone Numbers:**  
(702) 647-0141 (Churches in Las Vegas.com)  
(702) 363-3040 (Word Ablaze)  
(702) 240-5079 (XRadio.Biz)

**SPONSORSHIPS FUNDRAISER TO BE ARRANGED!**

**OFFICE USE ONLY**

**PAYMENT INFO:** (circle one)    Check    Money Order    Cash

Name on Check: \_\_\_\_\_

Address on Check: \_\_\_\_\_

Check/Money Order # \_\_\_\_\_ Amt. \_\_\_\_\_ Date: \_\_\_\_\_

*(There will be a \$20 processing fee for all RETURNED CHECKS)*