



**YOUTH SUMMIT  
RESET**

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*First Name*

*Last Name*

Male

Female

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*Phone Number*

*Gender*

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*Email Address*

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*Church*

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*Role e.g. Elder, Pastor, Youth Leader etc.*

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*Accommodation Requirements*

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*Dietary Requirements*

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*Any medical conditions? (Only let us know if it's something you think we need to be aware of)*

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*Emergency Contact*

*Emergency Contact Phone Number*

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## SUBSCRIBE TO NEWSLETTERS

*Choose any:*

- CCCNZ Mark's Weekly Wrap
- CCCNZ Equipping Church Leaders
- CCCNZ Youth
- CCCNZ Children and Families

- CCCNZ Prayer
- CCCNZ Admin
- CCCNZ Auckland Community
- Te Harinui

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## PERMISSIONS

- I am aware that photos and video will be taken at Auckland Regional Summit for the use of future promotion of the event
- I agree to not attend this event if experiencing symptoms related to Covid-19
- I certify all information I have provided is true and correct.