

YAL Destination Vancouver

Get a Team of 4 together and get ready for a Road Trip!

**The Amazing Race to Destination Vancouver begins at
St. Demetrios Greek Orthodox Church at 9:30 a.m.
on Saturday, May 2nd and continues through Sunday, May 3rd.**

Saturday, May 2nd

9:30 a.m. Meet at St. Demetrios
6:30 p.m. Arrive at Destination
7:00 p.m. Dinner
8:30 p.m. Race Review
10:30 p.m. Free Time

Sunday, May 3rd

9:30 a.m. Liturgy at Local Church
11:30 a.m. Brunch & Winners announced
1:00 p.m. Teams are welcome to head
home or stay and visit Vancouver
after brunch.

Team Fee

Early Bird Rate: \$220 by Wednesday, April 1st
Regular Rate: \$275 by Sunday, April 19h

**Registration includes team t-shirt, hotel room for 4, dinner on Saturday, Sunday
Brunch, race activity fees and hotel parking fees. Teams are responsible for all
vehicle and gas expenses, lunch on Saturday, and any other expenses.**

Captains must return completed Registration

Forms and Payment by April 19 2009 to:

Questions?

Contact Lefteris Sitaras at 206.660.2779

**YAL Destination Unknown Lent Retreat
c/o St. Demetrios Greek Orthodox Church
2100 Boyer Ave East Seattle, WA 98112**

YAL Destination Unknown Lent Retreat

Team Registration Form

Team Name: _____ T-Shirt Color _____

Team Captain: _____ Age _____ T-Shirt Size _____

Email: _____ Cell Phone _____

Team Members 1. _____ Age _____ T-Shirt Size _____
Name (s)

2. _____ Age _____ T-Shirt Size _____

3. _____ Age _____ T-Shirt Size _____

Vehicle Information:

Make & Model: _____ Year: _____

License Plate: _____ Color: _____

Name of Insurance Company _____ Years Insured: _____

Policy Number _____ Phone: _____

Team Captain Responsibility

I accept responsibility as team captain for the conduct of my team. I will not allow any alcohol or drugs in the vehicle. The team will wear seat belts while travelling. The team agrees to travel safely and obey all traffic laws and speed limits. The members, directors, officers, agents, advisors, employees and volunteers of the St. Demetrios Greek Orthodox Church shall not be liable for any personal injury that may occur during the event.

Signature of Team Captain: _____ Date: _____

**Please return completed
Team Registration Form, Team Member medical reports, and Registration fees by
April 19, 2009 to:**

YAL Destination Unknown Lent Retreat
c/o St. Demetrios Greek Orthodox Church
2100 Boyer Ave East Seattle, WA 98112

NO LATE REGISTRATIONS WILL BE ACCEPTED

For Office Use Only:

Amount Paid: _____	Method of Payment: _____	Date: _____
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Team Captain Medical Report

Name _____ Birthday _____ Sex _____

Email _____ Phone _____

In an emergency, notify:

Name _____ Phone _____

Family Physician _____ Phone _____

Name of Medical Insurance Company _____

Policy Number _____

Do you have any of the following? (If yes, please list)

Food Allergies _____

Drug Allergies _____

Medical Conditions _____

Please attach a photocopy of both sides of your card.

Authorization and consent for Treatment and Liability Waiver form

I, _____, authorize and consent to any x-ray examination, anesthetic medical or surgical diagnosis rendered under the general or special supervision of any licensed personnel on the staff of any licensed hospital including emergency medical personnel. This authorization is given in advance of my specific diagnoses, treatment or hospital care required but is given to proved authority and power in render care which is deemed advisable in best judgment of the physician. It is understood that an effort will be made to contact the undersigned prior to rendering treatment but that any of the above treatment will not be withheld if the undersigned cannot be reached.

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Signature of participant: _____ Date _____

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Team Member Medical Report

Name _____ Birthday _____ Sex _____

Email _____ Phone _____

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Name _____ Phone _____

Family Physician _____ Phone _____

Name of Medical Insurance Company _____

Policy Number _____

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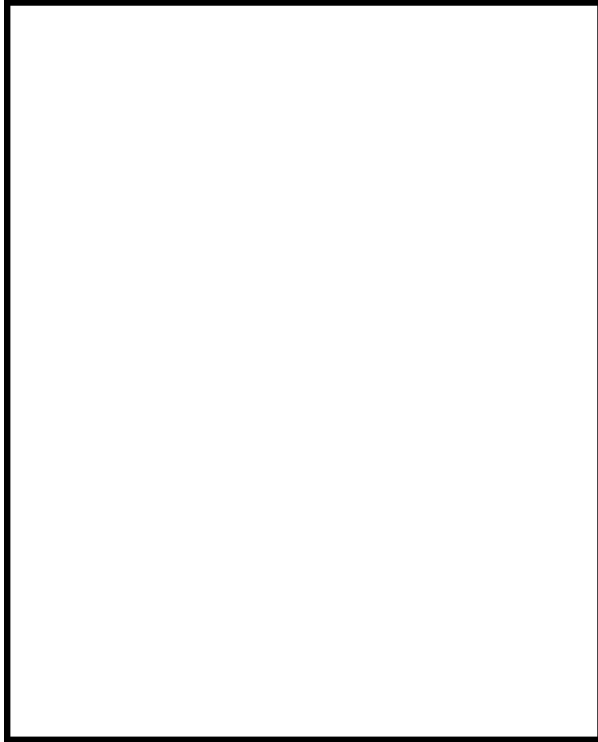
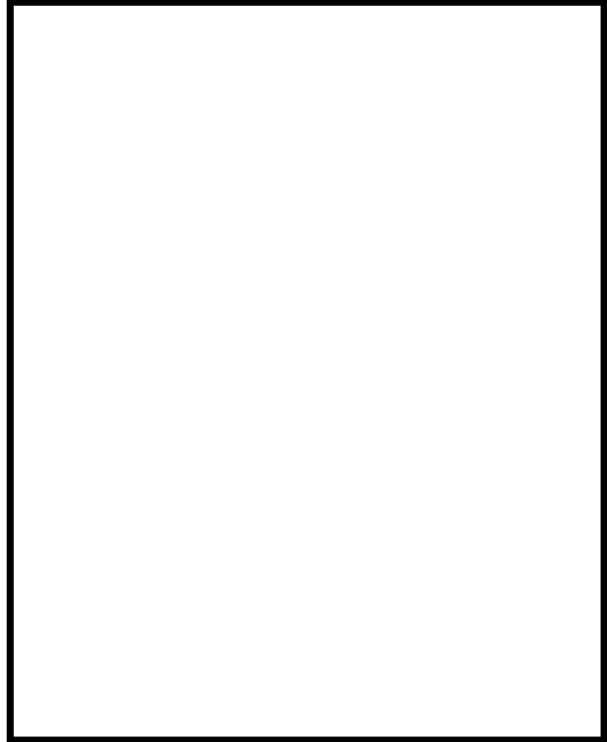
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Signature of participant: _____ Date _____

**Please attach a photocopy of both sides of your
Medical Insurance Card.**

A large, empty rectangular box with a black border, intended for a photocopy of the front side of a medical insurance card.A large, empty rectangular box with a black border, intended for a photocopy of the back side of a medical insurance card.

Don't Forget to Bring your:

**Passport or
Driver's License &
Birth Certificate**