

**PRESBYTERIAN YOUTH TRIENNUM**  
**Applicant/Participant Information Form**  
**Newark Presbytery**



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Badge name (if different from your given name): \_\_\_\_\_

Age you will be on July 20, 2010: \_\_\_\_\_

Ethnicity (optional): \_\_\_\_\_ Gender: Male/Female

T-shirt size: XS S M L XL XXL

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Student Cell phone: \_\_\_\_\_

Student E-mail address: \_\_\_\_\_

Home church: \_\_\_\_\_

Parent / Guardian Names: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Roommate Request (must be mutual) : \_\_\_\_\_

Special Needs: *IE Insulin Dependent, Prescription Meds on a timed basis, Refrigerator for meds or special foods, Wheelchair/Electric Cart Access, Accessible residence hall, mobility (distance walking issues).*

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