



PRESBYTERIAN YOUTH TRIENNIUM Participant Information Form

The POV Delegation Registrar needs this completed form and payment of \$328 (may be split between participant and church) payable to Presbytery of Ohio Valley to complete your registration for the 2013 Triennium.

It must be received by April 15.

Send to: Cheryl Moles, PYT registrar
125 North 7th Street
Terre Haute, IN 47807

Participant Role:

Youth _____ Adult Advisor _____ Caregiver _____

Full Name (as you want on badge): _____

Age you will be on July 15, 2013: _____ Gender: M / F T-shirt size (up to 4X): _____

Date of Birth _____ Ethnicity _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Participant Cell phone: _____

E-mail address: _____ Are you on Facebook (to get posted info)? Yes No

Home church: _____

Special Needs: _____

Special Needs Include: 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).

Diabetic _____ Celiac Disease _____ Vegetarian _____ Asthma (serious consistent) _____ Other _____

List allergies:

Does participant require a caregiver? _____ If yes, name of caregiver _____

FOR YOUTH PARTICIPANTS:

Parent / Guardian Names: _____ Phone: _____

Parent Cell Phone _____ Work Phone _____

Parent Email: _____

Church involvement: _____

Why do you want to attend PYT? _____

Roommate Request: (must be mutual) _____

PYT Choir participation: If you would you like to participate in a Triennium choir, check one:

Soprano_____ Alto_____ Tenor_____ Bass_____

Do you speak a foreign language? If so, what?_____

Could you serve as a translator? _____

Community Guidelines Acknowledgement:

I have read the Presbyterian Youth Triennium Community Guidelines and understand what is expected of me, how my attitude, actions, and participation affect the Triennium community and agree to abide by the community guidelines. I also understand that if it is articulated by the sponsoring delegation and/or the Triennium staff that I may be sent home form the event if it is determined that I am not able to abide by the guidelines.

Signature_____ Date_____

Signature of representative of home congregation (Pastor, Christian Educator, Clerk of Session, etc.)

_____ Date_____

Amount of Scholarship paid by church _____

To complete registration, registrar must have by April 15:

- Completed Participant Information Form
- Completed Participant Medical and Event Release Form – with parent’s signature
- Completed POV permission form
- Youth Participants must include payment of \$328 payable to Presbytery of Ohio Valley (remaining \$164 per person paid by POV)
- \$469 PYT fee + \$23 to help with cost of t-shirts, transportation & overnight