

# FOR SUCH A TIME AS THIS

PRESBYTERIAN YOUTH TRIENNIUM 2010

July 20-24, 2010 • Purdue University

## REGISTRATION FORM

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

What is your preferred first name for your badge? (first name or nickname).

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Age as of 7/20/10 \_\_\_\_\_

Gender  Male  Female

T-Shirt Size (included in registration)

- Small  Large  2X-Large
- Medium  X-Large  3X-Large

Denomination (check one)

- 10-CPC
- 20-CPCA
- 40-PC USA

Church or Presbytery Delegation (e.g. Covenant Presbyterian Church, Smithville, TX)

Name \_\_\_\_\_

Racial/Ethnic Background (select one) For PYT information only.

- American Indian/Alaskan Native
- Asian
- Black/African
- Hispanic
- Middle Eastern
- Pacific Islander
- White/Caucasian
- Other \_\_\_\_\_

Classification (select one)

- YP Youth Participant
- AA Adult Adviser
- CG Caregiver
- CL Community Life Staff
- DS Denominational Staff
- DT Design Team
- EX Exhibitor
- GP Global Partner
- GPF Global Partner's Friend
- GO Guest/Observer
- LS Leadership

- AB Ambassador
- RH Residence Hall Coordinator
- SG Small Group Leader
- AS Administrative Support
- WC Work Crew
- OT Other \_\_\_\_\_

Roommates must be a mutual request from the same delegation. Please use FULL NAME ONLY NO NICKNAMES.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Special Needs

- Wheelchair/Mobility Accessible Room \_\_\_\_\_
- Hearing Impaired \_\_\_\_\_
- Translation  
Language \_\_\_\_\_
- Refrigeration \_\_\_\_\_
- Medication \_\_\_\_\_
- Diet \_\_\_\_\_
- I am the Caregiver  
Caring for \_\_\_\_\_
- I will be bringing a Caregiver  
Caregiver's Name \_\_\_\_\_

YOUTH PARTICIPANTS PLEASE COMPLETE

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

ADULT PLEASE COMPLETE

Emergency Contact

Name \_\_\_\_\_

Phone \_\_\_\_\_