PRESBYTERY REGISTRATION FOR 2019 PRESBYTERIAN YOUTH TRIENNIUM

- A. Complete the following form on both sides (you will need a church leader and parent to sign it), and return it to Chris Lieberman, c/o Presbytery of St. Augustine, 1937 University Blvd. W, Jacksonville, FL 32217, hopefully, by Friday, March 15, 2019.
- B. With this registration form, send your deposit of \$125. (Note: The balance of \$300 is due by Wednesday, May 22, 2019. Anyone registering is expected to pay the balance if they are unable to attend unless their spot can be filled by another youth of the same gender.)
- C. Complete the Participant Release Form on the PYT website: https://triennium-medical.pcusa.org/participant_information/.

As you complete the information below, please use a **black pen** and make sure that all information is **LEGIBLE**, particularly email addresses.

Full Name		
Name on Badge, if different		
Full Address		
Phone (H)	(C)	
E-mail:		
Church/City	T-shirt size	
Gender: Male Female G	Other Birthdate	
Parent Name		
Parent Phone	Email	
In the space below, please identif	fy any special needs (food, allergies, meds, disabilities):	
	munity Guidelines" and agree to abide by them, and I agreed ay, July 15 for the chartered bus to Triennium.	ee to arrive on
Signed	Date	
	(over)	

II. Church Endorsement (to be signed by person should NOT be related to the pa	y Pastor, Educator, CRE or Clerk of Session – note this articipant):
(name of y	youth) is an active participant in
Presbyterian Church in	(city) and I endorse him/her as a member of the
Presbytery of St. Augustine's Delegation to	o the 2019 Presbyterian Youth Triennium.
Signed	
Print Name	Position
III. Parental Acknowledgement	
I support my son/daughter	as a youth participant to the
2019 Presbyterian Youth Triennium and, a	as part of my support, promise to pay fees in full, assist
him/her in traveling to Jacksonville on July	y 15, and encourage his/her full participation in this event.
I understand that in the event my son or da	nughter withdraws from this event after May 15, 2019, I
am responsible for full payment unless her	c/his place can be filled by another youth of the same
gender. In the event that s/he fails to live u	up to the Triennium Community Guidelines and is asked to
leave the event, I will be responsible for hi	is/her transportation home and any costs associated with it.
Signed	
Name	
	* * * * * * * * * * *
For office use only	
Date registration received	Online Confirmation
Deposit received: \$ Date balance	ce received