

**APPLICATION FORM
2010 NY CONFERENCE UCC
YOUTH EVENT**

www.uccny.org

“connect the dots”

**Watson Homestead, Painted Post, NY
March 5 – 7, 2010**

Church _____

Attended last year

Name _____

Do not print address/phone on lists

Complete Address _____
(Number and Street) (City) (State) (Zip)

Phone (____) _____ - _____ Email Address _____

Sex _____ Youth or Adult _____ If Youth: Grade _____ Age _____

Medical Restrictions _____

Diet Restrictions _____

Roommate Request _____

Name of local church advisor to attend event* _____

*All youth attending this event must have an advisor present. All advisors must be 21 years of age or older

Signature of your local church advisor _____

Signature of parent or guardian _____

DEADLINE: FEBRUARY 23, 2010

- ◆ Amounts are payable in full with this form
- ◆ Make checks payable to UCC State Youth Event
- ◆ No refunds after February 23
- ◆ \$140 for registrations received until February 23
- ◆ \$165 for registrations received after February 23
- ◆ No applications accepted after February 23

Fee Rec'd _____

Room # _____

**I will confirm each application by e-mail only –
make sure you fill it in and please print clearly!!!!**

Questions? Contact your association representative. If you do not know who this is, you can find out from your association office. **You may pay online at: www.UCCNY.org but you must Send application** (with check unless you paid online), **signed medical release form, and covenant** before February 23 to

**UCC State Youth Event
Eric Falla, Registrar
277 Genesee Park Blvd.
Rochester, NY 14619**

BE SURE TO COMPLETE THE HEALTH FORM