



THE CONVOCATION OF AMERICAN CHURCHES IN EUROPE

Registration Form I, for Youth activities

A. Activity Information:

Group activity in which the youth will participate (please select):

October Convention Youth Mission trip Other

Date: _____ Place: _____

B. Youth information:

(circle one) attending as: **YAE Parish Delegate** or **YAE youth member**

Name of congregation: _____

Youth's Name: _____

Address (street) : _____

Address (post code, commune): _____

Address (country): _____

Home Telephone (include country code): _____

Youth's personal GSM number (include country code): _____

Date of birth (dd/mm/yy): _____

Passport Number and Country: _____

Visa Number(s) (if applicable): _____

Year in school: _____ School Name: _____

E-mail address: _____

C. Family contact information

Mother's/guardian's name: _____

Address (street): _____

Address (post code, commune): _____

Address (country): _____

Telephone numbers (include country code):

Home telephone: _____

Work: _____

Mobile: _____

E-mail address: _____

Father's/guardian's name: _____

Address (street): _____

Address (post code, commune): _____

Address (country): _____

Telephone numbers (include country code):

Home telephone: _____

Work: _____

Mobile: _____

E-mail address: _____

2005 YAE Event Youth Registration Form I

D. Any special medical concerns (allergies, medications, conditions):

Doctor/Pediatrician name: _____

Doctor/Pediatrician Telephone (include country code): _____

E. Emergency Contact information:

1. Emergency contact name: _____

Telephone (include country code) : _____

2: Emergency contact name: _____

Telephone (include country code): _____

2005 YAE Event Youth Registration Form I

F. Event Fees:

All applicable registration fees and forms (Registration forms I-IV) for each youth member attending the YAE event must be *received no later than two weeks prior to the event*. The forms may be mailed via post or e-mailed to:

Ms. Dale H. Maguire, YAE Coordinator
c/o All Saint's Rectory
Rue Coleau 81
1410 Waterloo
Belgique

OR

e-mail: youth@tec-europe.org

If there are any problems please call Dale Maguire as soon as possible:

Home: +32(0)2/731 18 01

Bank Transfer to: Dale H. Maguire, YAE

Account #:310-1677268-30

IBAN: BE15 3101 6772 6830

SWIFT/BICODE: BBRUBEBB

Bank: ING Bank, Steenweg op Brussel 387, 3090 Overijse, Belgium

G. Parental/Guardian Consent:

I hereby give my consent to my youth's participation in the above named activities.

Please indicate: Parent or Guardian

Signature: _____

Date (dd/mm/yy): _____