

## PYT Participant Information Form

Participants should complete this form, review the Community Life Guidelines, and give to registrar.



**Delegation Name** (Presbytery or Church Name usually): \_\_\_\_\_

**Participant Name:** Last \_\_\_\_\_

First \_\_\_\_\_, Middle \_\_\_\_\_  
(Not used on name badge)

**Name to appear on Name Badge:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** M or F

Please check one – Participant Role:

Adult Advisor\_\_\_\_, Youth\_\_\_\_, Work Crew\_\_\_\_, Caregiver\_\_\_\_ Global Partner \_\_\_\_\_

**Ethnicity** (*for statistical purposes*):

\_\_\_\_ African American \_\_\_\_ Asian \_\_\_\_ Caucasian \_\_\_\_ Hispanic \_\_\_\_ Native American \_\_\_\_ Other: \_\_\_\_\_

**Participant Cell Phone #:** \_\_\_\_\_, **Email** \_\_\_\_\_

**Participant Home Address:** \_\_\_\_\_

**City** \_\_\_\_\_, **State** \_\_\_\_\_, **Zip** \_\_\_\_\_

<p><b>For Youth Participants:</b> Age as of July 19, 2016: _____ Entering Grade: _____</p> <p>Parent/Guardian Information:</p> <p>Name: _____</p> <p>Parent Cell Phone: (____) _____ Home Phone: (____) _____</p> <p>Work Phone: (____) _____</p>
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**Preferred Roommate:** \_\_\_\_\_ participant preference  
Assigned Roommate: \_\_\_\_\_ assigned by registrar

**PYT Choir Participation:**

If you would like to participate in the Triennium choir **check one:** Soprano:\_\_\_\_, Alto:\_\_\_\_, Tenor\_\_\_\_, Bass\_\_\_\_

**T-Shirt Size:** S M L XL XXL XXXL 4X

**Special Needs:** (Please Check All that Apply)

\_\_\_\_ Wheelchair or Motorized Chair \_\_\_\_ Diabetic \_\_\_\_ Celiac Disease  
\_\_\_\_ Vegetarian/Vegan \_\_\_\_ Asthmatic (serious consistent)  
\_\_\_\_ Other Needs Not Listed? \_\_\_\_\_

Does this participant have any circumstances, issues, or other important life circumstances that might impact her/his enjoyment, engagement in or experience at the Triennium?