



Youth Summer Institute 2009 Application Form

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Parent Phone: _____

Email Address: _____

Parent/Guardian Name: _____

Grandparents Name: _____

Address: _____

Grandparents Name: _____

Address: _____

Emergency Contact Name: _____ Phone #: _____

Age: _____ Gender: _____ Ethnic Background: _____ Religion: _____

Grade Completed 6/2009: _____ Grade Point Average: _____ High School Graduation Year: _____

High School Name: _____

Parish Name: _____ Parish City: _____ Diocese: _____

Adult Team Member Name: _____

Fee: \$400 (\$200 due with application and \$200 due June 14, 2009)

Registration Deadline: April 15, 2009

I give my child permission to participate in the Youth In Theology and Ministry Summer Institute on June 14-27, 2009, at Saint John's University. I also give permission to have adult volunteer drivers transport my child.

Parent/Guardian Signature

Date

Please review and sign the Code of Conduct on the back of this form. Both youth and parents/guardian signatures are required in order to attend the camp.

Mail forms and registration fee to:

Cindy Maile, YTM Assistant
Saint John's School of Theology-Seminary
Box 7288
Collegeville, MN 56321-7288

If you have any questions, call us at 1-877-556-9518 or email at cmaile@csbsju.edu.