



Lott Carey Baptist Foreign Mission Convention
 220 I Street, N.E., Suite 220
 Washington, D.C. 20002
 (202) 543-3200 (main)/(202) 543-6300 (facsimile)
 Website: www.lottcarey.org
 E-mail: youthlottcarey@lottcarey.org

YOUTH REGISTRATION FORM

Please complete a separate registration form for **EACH** youth (ages 14-17).
 A completed Health History Form is required for all Youth Seminar Participants. All sections **MUST** be completed.
 Youth Seminar participants **MUST** be at least 14 years of age by December 31st. **NO EXCEPTIONS.**

PERSONAL INFORMATION		
PLEASE (✓) ONE OF THE FOLLOWING: <div style="text-align: right; margin-top: 5px;"> <input type="checkbox"/> IRM (Individual Youth Male ages 14-17) <input type="checkbox"/> IRF (Individual Youth Female ages 14-17) </div>		
Name (last, first, middle initial):		
Address (street address, city, state, zip code):		
Date of Birth:	Age:	Grade (Fall 2009):
Father's Name:	Home Telephone:	Work Telephone:
Mother's Name:	Home Telephone:	Work Telephone:
Date of Last Physical Exam (Month/Day/Year):	Date of Last Tetanus Shot (Month/Day/Year):	
LIST ANY KNOWN MEDICAL CONDITIONS:		
CHURCH INFORMATION		
Name of Church:		
Address:		
Pastor's Name:	Telephone (Church Office)	
Group Leader/Chaperone	Telephone (Cell)	
EMERGENCY CONTACT INFORMATION		
In the event of an emergency, please list two people who may be called if parents cannot be reached.		
Name:	Telephone:	Relationship:
Name:	Telephone:	Relationship:
Signature of Parent or Legal Guardian:		Date:

MISSION SCHEDULE.

PLEASE READ:

- 1) Please indicate your preferred mission schedule by selecting a group by **COLOR**. You may choose **BLACK, WHITE** or **GOLD**.
- 2) All seminar attendees are required to participate in mission service opportunities in the Raleigh-Durham area during the course of the Youth Seminar.
- 3) All seminar attendees **MUST** participate in the Gleaning Mission **UNLESS** a severe medical condition exists.
- 4) Each seminar attendee who participates in the Gleaning Mission is asked to bring one pair of work gloves, a bandana and/or cap, and hand sanitizer. Each seminar attendee is also asked to bring clothes and shoes they can discard after their mission assignment is completed.
- 5) All seminar attendees attending Polk Youth Institution **MUST** have a photo ID. Females **MUST** dress appropriately. Males **ARE NOT** allowed to wear caps. Weapons are **PROHIBITED**.
- 6) If you are a Team Leader, you **MUST** accompany your youth to their mission assignment.
- 7) Team Leaders will be asked to select additional Mission Service Opportunities for their group.

<input type="checkbox"/> BLACK TEAM MISSIONS <p align="center">Monday</p> <p>Society of St. Andrew - Gleaning Network of North Carolina (7:00 A.M. – 2:00 P.M.)</p> <p>Do you have a SEVERE medical condition that prevents you from gleaning?</p> <p align="center">Please circle one: YES / NO</p>	<input type="checkbox"/> WHITE TEAM MISSIONS <p align="center">Tuesday</p> <p>Society of St. Andrew - Gleaning Network of North Carolina (7:00 A.M. – 2:00 P.M.)</p> <p>Do you have a SEVERE medical condition that prevents you from gleaning?</p> <p align="center">Please circle one: YES / NO</p>	<input type="checkbox"/> GOLD TEAM MISSIONS <p align="center">Wednesday</p> <p>Society of St. Andrew - Gleaning Network of North Carolina (7:00 A.M. – 3:15 P.M.)</p> <p>Do you have a SEVERE medical condition that prevents you from gleaning?</p> <p align="center">Please circle one: YES / NO</p>
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TRAVEL INFORMATION

Arrival Date (mm/dd/yyyy): Estimated Arrival Time:	Please check (√) one of the following: <p align="center"> <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Train <input type="checkbox"/> Other </p> Schedule: _____ _____ _____
Departure Date (mm/dd/yyyy): Estimated Departure Time:	Please check (√) one of the following: <p align="center"> <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Train <input type="checkbox"/> Other </p> Schedule: _____ _____ _____