

Individual Registration

Youth Information

Name: Address:			Birth Date:					
			Phone:					
City	y:	State:	Zip:					
	I want to participate with my friend	:						
Pa	rent/Guardian Information							
Name:								
Ad	dress:		Phone:					
City	y:	State:	Zip:					
Cł	noose Desired Activities							
	Pre-planned Event (Event Title/Date):						
	Adventures (Number in order of preference)							
	_ Camping _ Canoeing _ Hiking _ Wilderness Survival _ Whitewater Rafting _ Rappelling / Rock Climbing _ First Aid / CPR Courses _ Other:		 Backpacking Canoe Camping Off-Trail Orienteering Fishing Confidence / Team Building Courses Caving Swimming 	_				
Service Projects (Number in order of preference)								
	_ Interior / Exterior Painting _ Porch Repair / Porch Construction _ Drywall _ Siding _ Trail Maintenance _ Other:		 Basic Yard Maintenance / Yard Clean- Handicap Accessible Ramps Roofs General Home Maintenance / Repairs Youth Camp / Camp Site Maintenance 					



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Youth Name:								
Desired Dates								
Number of Days:	Arriving on:	Sun	_Mon _	Tue	Wed	Thu	Fri	_Sat
1st Choice Date Range:								
2nd Choice Date Range:								
3rd Choice Date Range:								
Contact me to schedule	adates (name &	phone or	e-mail): _					
Payment Information \$x (numl TOTAL AMOUNT DUE: \$								
□ Scholarship		enclosed	🗖 a	pplication	already a	oproved		
50% non-refundable deposit may be applied to any other Y money order.								
Please mail this completed rea	gistration form a	long with y	our depo	sit to:				
	c/o	iritual Ou Sycamor 30 Clydes	e Tree U	MC				

Maryville, TN 37801

A "**Consent, Health, and Emergency Contact**" form is <u>**required**</u> for <u>**EACH**</u> participant. This form may be turned in upon arrival. To avoid delays, please complete the form prior to arrival. You may download the form at www.ysoa.org.

Confirmation, packing lists, directions, and instructions will be mailed to you after we receive your registration.