



2016 Registration Form

Delegation Name (Presbytery or Church Name usually) :

Newton Presbytery, First Presbyterian Church of Branchville (NWTN)

Participant Name (First Middle Last): _____

Name to appear on Name Badge: _____

Date of Birth _____

Gender: ___ M or ___ F

Participant Role: Youth

Participant Cell Phone # _____

Email _____

Participant Home Address: _____

City _____

State _____

Zip _____

Age as of July 19, 2016, what grade will you be entering? _____

Preferred Roommate at Triennium _____

PYT Choir Participation:

If you would like to participate in the Triennium choir, Check one: ___Soprano ___Alto ___Tenor ___Bass

T-shirt size (S-4XL): _____

Special Needs: (Please Check All that Apply)

Wheelchair or Motorized Chair Diabetic celiac disease Vegetarian/Vegan Asthmatic

Parent/Guardian Information:

Name _____

Parent Cell #: _____

Home Phone #: _____

Work Phone #: _____

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?

Completion Acknowledgement

Yes, this information is complete and accurate. Signed _____