

2007-08 INDIVIDUAL INFORMATION FORM

The Group Leader is required to complete the Individual Information Form before arriving at the Event. Your congregation is responsible for the selection of Adult Leaders, their conduct with youth, and an understanding between Adult Leaders and parents of youth regarding the handling of possible emergencies. In addition to this form, you may wish to obtain medical release signatures from the parents of participating youth (and Junior Guides). All registrants and families are added to the Youth Encounter database and will receive information on opportunities to be involved with Youth Encounter's ministry. If there is any family on the list who should not be given opportunities for involvement, please check the DNC (Do Not Contact) box by their name.

Please give copies of the completed Individual Information Form to Youth Encounter as well as to each Adult Leader attending the Event. Please include ALL group members, including youth, Junior Guides, and Adult Leaders. Place a (P) or a (G) by the youth's parents' or guardians' names and an (S) by each Adult Leader's spouse/significant household member to contact in case of emergency.

Need more copies? Download them at www.youthencounter.org/events.

Event Name and Date: _____ Church Name: _____
 Church City, State, and ZIP: _____ Church Phone: _____
 Group Leader: _____ Group Leader Phone: _____

Participant's Name: <u>Jessica Doe</u> <input type="checkbox"/> DNC P/G/S: <u>Dave and Sue Doe (P)</u> Address: <u>123 Your Street</u> City, State, ZIP: <u>Anytown, IA 12345</u> Day Phone: <u>(555) 555-1234</u> Evening Phone: <u>(555) 555-5678</u> E-mail: <u>ilovejesus@e-mail.com</u>	Participant's Name: _____ <input type="checkbox"/> DNC P/G/S: _____ Address: _____ City, State, ZIP: _____ Day Phone: _____ Evening Phone: _____ E-mail: _____
Participant's Name: _____ <input type="checkbox"/> DNC P/G/S: _____ Address: _____ City, State, ZIP: _____ Day Phone: _____ Evening Phone: _____ E-mail: _____	Participant's Name: _____ <input type="checkbox"/> DNC P/G/S: _____ Address: _____ City, State, ZIP: _____ Day Phone: _____ Evening Phone: _____ E-mail: _____
Participant's Name: _____ <input type="checkbox"/> DNC P/G/S: _____ Address: _____ City, State, ZIP: _____ Day Phone: _____ Evening Phone: _____ E-mail: _____	Participant's Name: _____ <input type="checkbox"/> DNC P/G/S: _____ Address: _____ City, State, ZIP: _____ Day Phone: _____ Evening Phone: _____ E-mail: _____

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Church City, State, and ZIP: _____ Church Phone: _____

Group Leader: _____ Group Leader Phone: _____

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