

Question: Why do you want to be a part of Quadrennial 2010?

MEDICAL INFORMATION:

(YOU MUST ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD TO THIS APPLICATION.)

Name: _____ Emergency Phone Number: _____

Physician and Phone Number: _____

Medical Insurance Carrier: _____ Policy/ID/Medical #: _____

Medications: _____

Allergies: _____

Other (physical, mental, or dietary needs): _____ Date of Birth: _____

UNDER 18 INFORMATION

- I, (print name of parent) _____, give my permission for those working with my child, (print name of child) _____, during Quadrennial to be able to make decisions regarding my child's health care needs. I understand in medical emergencies those working with my child will do everything to contact me prior to making a decision.

- I also give permission for my child's name, picture, and voice (verbal and written) to be used in media activities relating to the Quadrennial event.

- My child is able to be contacted for informational purposes by e-mail, cell phone, or computer website prior, during, and after the event.

Parent's Signature: _____ Date: _____

TWO Letters of Reference: (Due February 1st)

- 1. Regional Minister/Constituency Representative/DOC College Chaplain**
- 2. Senior or Associate Pastor/Youth Leader/Church Leader (not related)**

Please make sure your first and last names are on all reference letters.

Mail Reference Letters along with your completed application to your Regional Office. The application and reference letters of the selected applicants will then be sent to the Quadrennial Assembly Office.