



Trinity United Methodist Youth Fellowship

Information Sheet

Name of Participant: _____ Nickname: _____

Age: _____

Address: _____

Youth's Home Phone: (____) ____ - ____ Cell: (____) ____ - ____

City: _____ Zip: _____

Parent / Guardian Names: _____

Parent / Guardian Home Phone: (____) ____ - ____ Cell: (____) ____ - ____

Internet / Email _____

The Youth Fellowship will use the Internet as our primary method of communication, either by email, or by posting news, schedules and other information on the Youth Facebook page

To insure the information is received, we request email addresses for both YF members and a parent / guardian.

Youth's Email Address: _____

Parent / Guardian Email Address _____

We do not have Internet Access

Foods & Snacks

Depending on the activity, YF members will be offered a meal of some sort, to ensure that any food allergies or dietary issues are considered, please list them below.

Parent Volunteers

There will be times when the YF will need additional parent volunteers to assist with a program/activity, transportation, or meals. If a parent / guardian is willing to assist, please provide a name, phone number and / or email address.

Volunteer's Name: _____

Home / Cell Phone: () - Email Address: _____

