

# It's all about YOU!

## YOUTH INFORMATION SHEET 2008

NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MOM'S NAME: \_\_\_\_\_  DAD'S NAME: \_\_\_\_\_  
(check box next to mom or dad's name for address below)

DO YOU LIVE AT ALTERNATING ADDRESSES?  YES  NO

ALTERNATE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GENDER: \_\_\_\_\_

BAPTIZED? \_\_\_\_\_ DATE: \_\_\_\_\_ CONFIRMED? \_\_\_\_\_ DATE: \_\_\_\_\_

GRADE: \_\_\_\_\_ CLASS: \_\_\_\_\_ SCHOOL/DISTRICT: \_\_\_\_\_

Use back of page if necessary for the sections below.

MINISTRY AREAS YOU ARE INVOLVED IN: \_\_\_\_\_

ORGANIZATIONS YOU BELONG TO: \_\_\_\_\_

SCHOOL ACTIVITIES/CLUBS: \_\_\_\_\_

SPIRITUAL GIFTS: \_\_\_\_\_

SPORTS/HOBBIES: \_\_\_\_\_

SPECIAL NEEDS (food allergies/restrictions): \_\_\_\_\_

**MY EXPECTATIONS FOR THE YOUTH PROGRAM @ EUMC:**