



New York State  
**COUNCIL OF CHURCHES**

**APPLICATION**

2017 Annual High School Youth Leadership Forum  
February 20-22, 2017

**Student Information**

Name of student: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Grade level: 9 10 11 12

Church: \_\_\_\_\_

**Parent Information**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

My signature below represents my consent for my child (named above) to participate in this trip. I/we have included a \$50 non-refundable deposit to reserve my child's spot. I understand that the total cost for the program is \$400 and our deposit can only be refunded if space limitations prevent my child from participating this year.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return completed applications by **December 1, 2016**. Please make check payable to the **New York State Council of Churches**, and mail to: Christy D'Ambrosio, First Presbyterian Church, 362 State Street, Albany, New York 12210.*

*For more info, contact Christy at [christy@firstpresalbany.org](mailto:christy@firstpresalbany.org) or 518-423-4763*