

ACYOA JUNIORS RETREAT

St James Armenian Church
816 Clark St. Evanston IL 60602
March 28- 29 2020

Registration Form

Name: _____

Date of Birth: _____

Gender: Male Female Grade in School: _____ Age: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Home Phone: _____

Participant Cell Phone: _____

Participant Email: _____

PRIMARY PARENT/GUARDIAN SECONDARY PARENT/GUARDIAN

Name: Name:

Cell Number:

Email:

About you...

1. How many retreats have you attended (or is this your first retreat)?
2. Have you attended the ACYOA Juniors Fall Sports Weekend? YES NO
3. Have you attended the ACYOA Juniors Hye M'rtsoom? YES NO
4. Have you attended the St. Nersess Summer Conferences? YES NO
5. Do you attend Hye Camp or St. Vartan Camp? YES NO
6. Do you attend any other camps? If so, which?

_____ Yes, my permission form has been completed and submitted.

_____ Yes, my *Code of Conduct* has been read, discussed and signed by me and a parent.

_____ Yes, I have received the "What You Need to Know" Information Sheet