Application for Youth With A Mission Short Term Outreach

Contact Information

YWAM Lebanon, PA 1275 Birch Rd. Lebanon, PA 17042 717-274-9010 717-274-9225 (fax)



Full Name		
Preferred Name		
Street Address		
City State Zip Code		
Home Phone		
Email Address		
Birthday (YYYY/MM/DD)		
Gender / T-shirt size	Male [] Female [] T-Shirt: Youth M L Adult S M L XL XXL	
What is your home church?		
Youth leader's name:		
Youth leader's contact phone/email:		
Briefly describe how you came into a relationship with Christ and/or your experience with God:		
How did you hear about the Youth Mission Week?		
Have you participated in missions before?		
Please list and describe any medical conditions, allergies, physical limitations, and/or medications you have that we should be aware of		
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Emergency Contact:		
	Relationship:	
	Email:	
In case of emergency, I/we do hereby agree to the performance of such treatment, including		
anesthetics and surgery, as the attending physician may deem necessary. Parent/Guardian Signature:		

Participant Certification: I,, state that abide by the rules and guidelines of Youth With a	at all I have written here is true and that I agree to Mission located at 1275 Birch Rd., Lebanon, PA.	
Participant Signature:		
Release of Liability: I/We do hereby release Youth With A Mission, Lebanon, PA., its agents, employees and volunteer assistants from liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvements with Youth With A Mission.		
Applicant Name:	Signature:	
If under 8 years of age you must have a parent or guardian's release. Parent's or Guardian's Signature		
Print Name	Relationship	
Date:		

IMPORTANT:

Please be prepared to pay the outreach fees upon arrival, unless payment has already been made. There will be a \$50 registration fee submission of this application.

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Phone # (717) 274-9010 Fax # (717) 274-9225

Email: ywampa@comcast.net. Website: www.ywampa.org