

LIT Registration

Name: _____

Age: _____

Email: _____

Birthday: _____

Phone: _____

Gender: _____

Health Care #: _____

Parent(s) Name(s): _____

Allergies/Dietary Needs: _____

Parent Phone: _____

Last PCWC Camp Attended: _____

Grade if in School: _____

Director: _____

Occupation if not in School: _____

Are you a follower of Christ? _____

How did you become a Christian? _____

Which church do you attend? _____

How are you growing in your faith? _____

What area do you excel in? _____

Which area are not your strength or need improvement? _____

Do you have any training that would benefit PCWC? _____

What volunteer work have you done at school/work/community/church? _____

Why do you want to take part in the LIT program? _____

Have you, and do you agree with the PCWC Statement of Faith? _____

Have you read and understood the PCWC Safe Place Policy and do you agree to adhere to it? _____

Please list two references, one of which should be a Youth Leader, Camp Director or Pastor:

1 _____

2 _____

Signature: _____

Date: _____