

YOUTH INFORMATION SHEET
2020-2021

YOUTH NAME: _____ D.O.B.: _____

ADDRESS: _____ T-SHIRT SIZE _____

HOME PHONE: _____ CELL PHONE: _____ TEXT: Y ___ N ___

FACEBOOK: Y ___ N ___ INSTAGRAM: Y ___ N ___ Email: _____

SCHOOL NAME: _____ GRADE: _____

I AM INVOLVED IN: _____

MOTHER'S NAME: _____ CELL PHONE: _____

MOTHER'S EMAIL ADDRESS _____

FATHER'S NAME: _____ CELL PHONE: _____

FATHER'S EMAIL ADDRESS _____

BROTHERS: _____ SISTERS: _____

ALLERGIES: _____

FAVORITES:

COLOR: _____ FOOD: _____ RESTAURANT: _____

ACTIVITY: _____ SPORT: _____

I WOULD LIKE TO GO:

BOWLING ___ BIKING ___ HIKING ___ CAMPING ___ LASER TAG ___ CANOEING ___

ROCK CLIMBING: ___ DRIVE-IN MOVIES ___ MOVIE THEATRE ___ DINNER WITH GROUP ___

LOCK-IN ___ HAUNTED HOUSE ___ CHRISTIAN CONCERTS ___ RETREATS ___

WORSHIP WITH OTHER YOUTH GROUPS ___ AMUSEMENT PARKS ___ MISSION TRIP ___

MYSTERY TRIP ___ WATER PARK ___ MISSION PROJECTS ___ COMMUNITY PROJECTS ___

OTHER ___ SPECIFY OTHER _____