

**Episcopal Youth Event 2017  
Contact Information**

*Participant Information:*

Name: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Diocese: \_\_\_\_\_

E-mail: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Translation required? \_\_\_\_\_ Language: \_\_\_\_\_

*Parent/Guardian Information:*

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

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

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home #: \_\_\_\_\_

*Second Parent/Guardian Information:*

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

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

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home #: \_\_\_\_\_

*Alternate Contact Information:*

Alternate Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell//Home Phone: \_\_\_\_\_