

PARTICIPANT DATA SHEET (2 pages)

***** *** Checks must be made payable to "St. Bonaventure Church" *** *****

***Return all forms and FULL payment of \$185 to:
Belinda Keiter, 1565 18th Avenue, Columbus, NE 68601
bkeiter@esu7.org, 564-7151

When all forms (participant data sheet and participant agreement) and full payment are received, you will receive notice (by e-mail or phone) with permission and instructions for online registration. Any online registration made without permission will be deleted.

Name: _____ T-shirt size S M L XL XXL

Gender: male / female Your age at time of conference in July: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Day/Work _____

Teen Cell Phone # _____ Parent(s) Cell Phone # _____

Teen Email Address: _____

Name of parent(s) with whom you reside: _____

(if applicable) Contact info of parent(s) living at another residence:

Name _____ Phone # _____

Address: _____

Your School: _____ Year of high school graduation: 20_____

Your grade during NEXT 2010-2011 school year (circle) 9 10 11 12 graduated hs _____

Your Parish Church: _____

(if non-Catholic, please specify your denomination: _____)

Does your parish have a youth ministry program? ___yes ___no

If so, what is the name of the adult leader (youth minister, parent coordinator) who organizes the group? _____

Have you shared with the youth leader or your pastor (or campus minister at school) that you are attending this conference? ___yes ___no

FAITH EVENTS PARTICIPATION (Check all that apply; with the third column on the right, please indicate activity you've been involved with during the current/last school year.)

____ Steubie 2009 _____ TEC- W/hen? _____

____ School Retreats

____ Steubie 2008 _____ NCYC-W/hen? _____

____ teen Bible Study

____ Steubie 2007 _____ WYD -W/hen? _____

____ parish youth group

____ C L I/faith leadership

____ school campus ministry

____ Other large conference?

Other faith/spiritual experiences _____

Of your faith/spiritual experiences during the last year, what activity or experience was most helpful or meaningful to you in your faith? Why? _____

Participant Name _____

STEUBIE EXPERIENCE

How did you originally come to be aware of this conference trip? Name of person(s) who referred it?

If you have attended a prior Steubie conference, what did you most appreciate about it? Why are you attending again? What do you hope to experience?

If this is your first Steubie conference, what have you heard about the conference? What are you expecting? What questions or concerns can we address for you?

REQUESTS

Please note-We are happy to do everything possible to accommodate your requests, but we cannot guarantee rooming or bus assignments. It is helpful if the person you are requesting ALSO requests you too.

SIBLINGS: (If applicable)			(if same gender)	
Name of sibling attending	Preference for same vehicle		preference for sharing room	
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no

VEHICLE: Who would you like to be in the same vehicle with?

ROOMING: It is helpful for people who want to room together to each put the other on their request! (So if you and a friend want to room together, talk about it and coincide on your forms!)

Who is your #1 roommate choice? _____

Who are your #2 and #3 choices? _____ and _____

SPECIAL COMMENTS

Any other indications or requests? Needs? Questions? Comments? Allergies?

Participant's Name (Please Print) _____

Participant's Agreement of Behavior

Signature below indicates that the participant of the
2010 St. Bonaventure Summer Conference Youth Trip
Franciscan University of Steubenville, Mid-America
Agrees to the following expectations and consequences:

1. I WILL COOPERATE WITH THE INSTRUCTIONS OF THE ADULT DIRECTORS AND LEADERS FROM BOTH OUR OMAHA TEAM AS WELL AS THE CONFERENCE STAFF FOR THE SAFETY, ENJOYMENT AND SPIRITUAL WELL-BEING OF MYSELF AND OTHER PARTICIPANTS.
2. I WILL ATTEND ALL THE SESSIONS OF THE CONFERENCE AS STATED BY THE ADULT LEADERS; I WILL STAY WITH MY GROUP WHEN REQUIRED AND ATTEND SMALL GROUP SESSIONS. I WILL COMMUNICATE WITH MY GROUP LEADER MY WHEREABOUTS AT ALL TIMES. I WILL MEET AT THE DESIGNATED LOCATIONS ON TIME.
3. I WILL EAT HEALTHY AND SUBSTANTIAL MEALS (3 a day, snacks optional) INCLUDING HEALTHY CHOICES SUCH AS FRUITS, VEGETABLES AND MEAT) AND DRINK PLENTY OF WATER WHILE ATTENDING THE CONFERENCE. IF I AM NOT FEELING WELL, PHYSICALLY OR EMOTIONALLY, I WILL COMMUNICATE THIS TO AN ADULT LEADER RIGHT AWAY.
4. IN PREPARATION FOR A DEMANDING AND EXHILARATING CONFERENCE, I WILL GET ADEQUATE SLEEP FOR SEVERAL NIGHTS BEFORE THE CONFERENCE. WHILE AT THE CONFERENCE, I WILL ADHERE TO THE SCHEDULE AS DICTATED BY MY GROUP LEADERS FOR "IN ROOM" AND "LIGHTS OUT" TIMES, PARTICULARLY AS OUR GROUP HAS AN EARLIER "TURN-IN TIME" THAN THE CONFERENCE STAFF INDICATES. ONCE "LIGHTS OUT" HAS BEEN CALLED, I WILL NOT CONTINUE TALKING OR DISTURBING OTHERS.
5. I WILL DRESS MODESTLY SO AS TO HONOR MYSELF AND MY FELLOW BROTHERS AND SISTERS-IN-CHRIST. (THIS INCLUDES ALL SHIRTS HAVING SLEEVES, NOT MIDRIFTS OR LOWER BACKS SHOWING WHEN ARMS ARE RAISED ABOVE THE HEAD, NO INAPPROPRIATE SLOGANS OR GRAPHICS; SHORTS WILL BE OF MODEST LENGTH, PAST FINGERTIPS WHEN ARMS FULLY EXTENDED, NO UNDERGARMENTS SHOWING; CLOTHING SHOULD NOT BE EXCESSIVELY FORM-FITTING.)
6. I AGREE TO BE RESPECTFUL IN MY LANGUAGE, USING NO FOUL/SWEAR LANGUAGE, NO DEROGATORY OR INSULTING COMMENTS OR PUT-DOWNS, EVEN AS A GESTURE OF "HUMOR" OR TEASING. WHILE I AM ENCOURAGED TO SHARE MY OWN EXPERIENCE WITH OTHERS WHOM I TRUST, I WILL RESPECT THE PRIVACY OF OTHER PEOPLE AND NOT TALK ABOUT THEIR EXPERIENCE. RECOGNIZING THAT A TRUST DEVELOPS AMONG PARTICIPANTS, I WILL KEEP TO MYSELF WHAT ANOTHER TEEN MAY SHARE.
7. I WILL NOT BRING, CARRY, OR TRANSPORT ANY ILLEGAL SUBSTANCE AT ANY TIME INCLUDING ALCOHOL, TOBACCO, DRUGS, OR WEAPONS. I AM AWARE THAT ANY INFRACTION OF THIS EXPECTATION WOULD WARRANT DISCIPLINARY ACTION INCLUDING HAVING TO BE ASSIGNED CONSTANT SUPERVISION WITH AN ADULT LEADER UNTIL TRANSPORTATION ARRANGEMENTS CAN BE MADE, INCLUDING SLEEPING ON THE FLOOR OF AN ADULT'S ROOM, IF SERIOUS SITUATION WARRANTED, AND INCLUDING BEING SENT HOME AT MY PARENTS' ADDITIONAL EXPENSE.

PARTICIPANT'S SIGNATURE: _____

PARENT(S) SIGNATURE(S): _____
