

2019 ELCA Youth Leadership Application **Due Monday Sept. 23**

Name:

Address:

City, State Zip Code:

Telephone:

Birthday:

Email

Cell Phone Number

Ethnicity:

Grade:

Gender

T-Shirt size

Congregation

Pastor

Emergency Contact Name

Emergency Contact Relationship

Emergency Contact Cell Phone Number:

Dietary Needs

Other Special Needs

What is your current involvement in your congregation?

What is your current involvement in your synod?

Signature

Date

Please download this file; Save it with this format yourname.pdf then send it to Robyn Zimmerman robynz@scsw-elca.org you will hear from the synod by 9/24/2019