**Application**

CRMRDOC & RMCUCC High School Juniors & Seniors, College Freshmen

 **Christian Hospitality**

**International Affairs Seminar**

New York City & Washington DC - March 14-21, 2020

Sponsored by the CRMR Disciples of Christ and the Rocky Mt Conference UCC

**Cost: $1,700.00 per person**

Youth’s Covenant:

I pledge to act in a respectful manner in regard to property and in my conduct towards others. I am aware that I am representing my church, my family and my faith. I agree to abide by all policies of the CRMR and the RMC while at the seminar. I will follow the directions of adult leaders and will participate in all scheduled activities. I will use this experience as an opportunity to learn and grow in my understanding of what it means to live faithfully and to strengthen my ability to be an instrument of God’s love and justice in the world.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

# References

I fully recommend the above named youth to attend the 2020 International Affairs Seminar.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minister Signature Date

I fully recommend the above named student to attend the 2020 International Affairs Seminar.

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School principal or counselor signature Date

I fully support my son/daughter’s participation in the 2020 International Affairs Seminar.

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Parent/Guardian signature Date

APPLICATION DEADLINE: **November 1, 2019**

**The deadline is mandatory. Please apply early if possible. A deposit of $500 is also due**

**with your application, or by 11/1/19**

Questions? Contact event sponsors Rachel Nelson 970-372-7090 or Kenneth Ingram 720-289-2394

**IAS APPLICATION FORM (cont.)**

(Please neatly print or type all information requested)

Name Birthday:\_\_\_\_\_\_\_\_\_\_\_ Male/Female

 Full Name Mo/Day/Year Circle One

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

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

Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am currently in the following grade: \_\_\_\_\_\_\_\_

Medical Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy or Group I.D. Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate all known allergies, drug reactions, recent injuries or illnesses, current medications, restrictions, dietary requirements, or other necessary medical information (attach additional page if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emergency Contacts

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Medical Release and Liability

I hereby give the event directors permission to secure any needed medical attention for my child in the event I cannot be reached in an emergency, and I give my permission for the doctor, hospital, or medical service to provide emergency medical or surgical care at my expense. I release the Central Rocky Mountain Region of the Christian Church (Disciples of Christ), the Rocky Mountain Conference of the United Church of Christ, and the adults in charge of the event, from all responsibility for sickness and accidents during the International Affairs Seminar. I understand that as the parent/custodian of the youth whose name appears on this form, that I am responsible for any damage done to property by my youth. I also understand that any behavior my youth exhibits deemed un-Christian-like, dangerous, or illegal will result in my youth being sent home, and that I will bear the responsibility for the expense of the return trip.

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Parent/Guardian Signature Date

**Applicant**: Please submit a one page essay titled “Why I want to attend IAS” with your completed application and deposit to:

DOC youth: CRMR, 23 S Lincoln St., Denver, CO 80203

UCC youth: Rev. Kenneth Ingram, 602 E Garfield St., Laramie, WY 82070 (checks made out to CRMR)