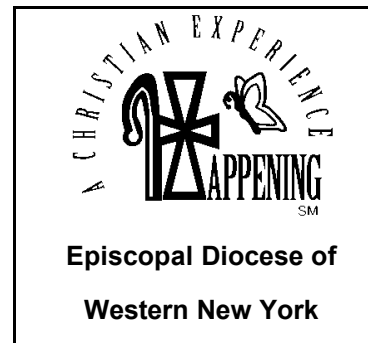


# Happening Weekend # 25

November 13-15, 2009

at Camp Pioneer, Angola, NY

## YOUTH CANDIDATE APPLICATION



**REGISTRATION DEADLINE:** *October 3, 2009* Space is limited to the first 25 applications received.  
**COST:** The cost is **\$100**. We suggest, as necessary, that the individual request support from their congregation. Scholarship help, based on need, is also available.

**DEPOSIT:** A non-refundable deposit of **\$25** must accompany this application. If you are unable to attend, this fee will apply to the next Happening weekend.

**SCHEDULE:** Please note, the Weekend runs from 5:00 PM Friday until 5:00 PM Sunday.

**Instructions:** There are three (3) parts to this application.

1. Your Personal Data, page 1.
2. Your Medical Form, page 2.
3. Pastor's or Youth Group Leader's Recommendation Form, page 3, which he / she must send in.

It is essential that all blanks are filled in carefully and accurately.  
No action will be taken until all completed parts have been received.

Make checks payable to: *Happening of WNY*  
Submit the first two (2) parts to:

**Happening c/o Donna Phillippi, 7 Pratt Street, Mayville NY 14757**

### **Personal Data:**

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

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Gender: F M Age: \_\_\_\_ Date of birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

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

Name of Pastor / Youth Group Leader: \_\_\_\_\_

### **For Office Use Only:**

Date Application Received: \_\_\_ / \_\_\_ / \_\_\_ Medical Release & Permission: \_\_\_ / \_\_\_ / \_\_\_

Pastor's Recommendation: \_\_\_ / \_\_\_ / \_\_\_

Deposit: \$ \_\_\_\_\_ # \_\_\_\_\_ / \_\_\_ / \_\_\_ 2<sup>nd</sup> Payment: \$ \_\_\_\_\_ # \_\_\_\_\_ / \_\_\_ / \_\_\_

3<sup>rd</sup> Payment: \$ \_\_\_\_\_ # \_\_\_\_\_ / \_\_\_ / \_\_\_

**Medical Information:**

Is there any medical condition we need to be aware of? \_\_\_\_\_

Any allergies to foods, drugs, etc. ? \_\_\_\_\_

Any physical conditions that may limit participation in any activities ? \_\_\_\_\_

Any special dietary needs or restrictions ? Substitution suggestions ? \_\_\_\_\_

Under a doctor's care ? If so please describe: \_\_\_\_\_

Any prescribed medical treatment or drugs to be taken during this event ? Please describe: \_\_\_\_\_

Other health concerns ? Please describe: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy / ID Number: \_\_\_\_\_

In Emergency, Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Other concerns or comments ? Please describe: \_\_\_\_\_

**Permission:**

I give my permission for \_\_\_\_\_ to attend the Happening , sponsored by the Episcopal Diocese of Western New York. In the case of an emergency, I understand that every will be made to contact me. In the event I cannot be reached, I hereby authorize any necessary emergency medical care, and agree to pay all charges connected with such treatment, not covered by insurance.

Is it all right to publish your phone number, e-mail address, and mailing address in the Happening Directory? Yes \_\_\_ No \_\_\_

Signature of Youth: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Happening Weekend # 25**

November 13-15, 2009 at Camp Pioneer, Angola, NY

Name of Applicant: \_\_\_\_\_

**CANDIDATE RECOMMENDATION**



Episcopal Diocese of Western New York

REGISTRATION DEADLINE: October 3, 2009 . Space is limited to the first 25 applications received. COST: The cost is \$100. We suggest, as necessary, that the individual request support from their congregation. Scholarship help, based on need, is also available.

Instructions: There are three (3) parts to this application. Personal Data page 1 and Medical Form page 2 (submitted by the candidate) Pastor's Recommendation, page 3, which he / she must send in. This sheet is used by the Happening Spiritual Director to help inform them about the person, and is used in the planning process for the weekend. We would appreciate your remarks and recommendation (or non-recommendation) of this person. All comments will remain confidential. It is essential that all blanks are filled in carefully and accurately. No action will be taken until all completed parts have been received. Please make sure the applicant's name has been written above. Thank you for your assistance.

Please mail to: Happening Spiritual Advisor c/o Donna Phillippi, 7 Pratt Street, Mayville NY 14757

Name of Pastor: \_\_\_\_\_

Congregation Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Brief description of the applicant's participation in church, including attendance, youth group, acolyte, choir, etc.: \_\_\_\_\_

Are there other activities this person is involved in and to what extent ? (work, school, volunteer) \_\_\_\_\_

Is there any reason that you are aware of that may indicate this person may not be ready to participate at this time ? \_\_\_\_\_

Are there any known family or other problems or situations of which we need to be aware ? \_\_\_\_\_

Any other comments (please continue on back if necessary): \_\_\_\_\_

Do you recommend this person ? Yes \_\_\_\_\_ Not at this time: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_