2022 ELCA YOUTH GATHERING

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ADULT	LEADER REG	STRAT	ION								
First Nar	ne			La	st Nai	me _					
Preferre	d Name										
Email _				Mo	bile I	⁻ hone	<u> </u>				
Street Ad	ddress										
-	Male F										
Racial ar	nd/or Ethnic Identi	ty:									
A	frican Decent or B	lack		A	merio	can In	dian,	Alask	a Nat	ive	
Asian or Pacific Islander			Latino/a								
Arab or Middle Eastern			 European American or White 								
	Multiracial / Multi-ethnic										
T-Shirt S	ize (adult sizes)	S	Μ			XL	\Box	(XL [] 3XI	_	4XL
Age at th	ne time of the Gath	nering (ad	ult lea	ders r	nust k	pe 21 y	/ears (old): _			
Which h	oct doccriboc vou?)									
	est describes you? ELCA Rostered Min		ard ar	d Sac	ramo	nt					
						IIL					
ELCA Rostered Minister of Word and Service											
Paid Congregational Employee (non-rostered)											
	/olunteer Leader										
Have yo	u previously atten	ded the G	atheri	ngas	a:						
-	Youth Participant			-							
	Circle all that apply:	1988 1991	1994	1997	2000	2003	2006	2009	2012	2015	2018
	Congregation Adul Circle all that apply:	t Leader 1988–1991	1994	1997	2000	2003	2006	2009	2012	2015	2018
	/olunteer Circle all that apply:	1988 1991	1994	1997	2000	2003	2006	2009	2012	2015	2018



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ADULT LEADER REGISTRATION ((continued)	

Special Needs (check all that apply):

- □ I have limited mobility, but I am able to board a bus with no assistance.
- □ I use a wheelchair full time.
- □ I have a sensory processing disability that makes me sensitive to light.
- □ I have a sensory processing disability that makes me sensitive to sound.
- For the purpose of Service Learning, I am medically prohibited from prolonged exposure to sun or heat.
- For the purpose of Service Learning, I am medically prohibited from handling certain food products.
- For the purpose of Service Learning, I am medically prohibited from being around animal allergens.

Additional [
nformation:	

Gathering Pre-Events:

- □ I will not be attending a Gathering pre-event
- Register me for the Multicultural Youth Leadership Event (MYLE) \$190
- Register me for the tAble \$190

Emergency Contact Name _____

Emergency Contact Relationship _____ Emergency Contact Mobile Phone _____

