

**HOLY TRINITY MONASTERY SUMMER YOUTH PROGRAM
REGISTRATION FORM**

Instructions:

Dear applicant:

1. Please complete the following forms:
 - a. This *Registration Form*
 - b. *Code of Conduct*
 - c. *Required Health Form* with attached copy of your health insurance card (front and back)
2. Provide your spiritual father or parish priest with a copy of the *Instructions for Required Recommendation*, have him write a letter of recommendation and mail it directly to Holy Trinity Monastery.
3. Include two checks:
 - a. \$400 program fee for the two-week session for boys 16-18 OR a \$200 for the one-week session for boys 14-15.
 - b. \$150 refundable security deposit that will be refunded at the completion of the program if no damages have been incurred.
 - c. If an airport pickup or drop-off will be arranged, each pickup and drop-off is \$75 (if both pickup and drop-off are requested, the total is \$150)
(Make checks payable to: Holy Trinity Monastery)
4. If you are a minor, your parent or guardian must:
 - a. Complete a *Required Hold Harmless Agreement and Medical Release* form
 - b. Sign the *Code of Conduct* and the *Required Health Form*
5. Mail all the completed forms and the two checks to:
Holy Trinity Monastery Summer Youth Program
Attn: Rev. Fr. Ephraim Willmarth, Program Coordinator
PO Box 36
Jordanville, NY 13361

OR you may scan and send forms by email to ejwillmarth@hts.edu and send the checks by mail.

OR you may fax the forms to 315-409-1422 and send the checks by mail.

Once all forms and payment are received a confirmation and further instructions will be sent to the email address specified on the registration form.

6. If you have questions please contact Fr. Ephraim, our Program Coordinator, at:
Email: ejwillmarth@hts.edu
Phone: (315) 858-0945 xt 258

Personal Information:

Full Name of Participant:

_____ first middle initial last

Age at the time of the program _____

Date of birth: ____ / ____ / ____
dd mm yyyy

___ My child is in the 14–15-year-old group, he will be attending from June 27 to July 3.

___ My child is in the 16–18-year-old group, he will be attending from July 5 to July 18.

(PLEASE CHECK ONE)

Mailing address: _____

Parent’s email address: _____

Parent’s Phone:

(Home): _____ (Cell): _____

Participant’s phone number (optional): _____

Participant’s email address (optional): _____

Name of Parish: _____

Name of parish priest: _Fr. _____
first last

Parish Priest’s contact information:

Phone: _____ Email: _____

IF the participant is traveling with or bringing a cell phone or electronic device *en route*, this is a complete list of the devices which will be in his possession, which will be surrendered to a program counselor at the beginning of the program, and picked up at the end:

_____ Device Type Model name color

_____ Device Type Model name color

_____ Device Type Model name color