	ership positions will be assigned prior to V	
Turn in	your form by July 1st to secure your pos	
	July 7 – 11, 2 9:00 am – 12 no	2025
Codeaddwry Rids (*) ROAD TRIP ON THE GO WITH GOD (*)	Park Lake Presbyterian Ch 309 East Colonial Drive • Orlando, FL 32 407-841-6550 • www.plpc.or	2801
Youth's name:		Age:
Address:	City:	Zip:
-	Work phone:	
Parent/Guardian cell:	Parent/Guardian cell:	
Parent's email address:		
Youth's email address: SPACE IS LIMIT Skits Games/Recreation Bible	Youth cell phone: TED - CIRCLE TWO areas where you would lik e Story Snacks Crafts Science Pre	
Youth's email address: SPACE IS LIMIT Skits Games/Recreation Bible Please circle the days you can ass Are you a member of Park Lake Pr	Youth cell phone: TED - CIRCLE TWO areas where you would like the Story Snacks Crafts Science Pre- sist with VBS: M T W TH F resbyterian Church? Yes No	te to volunteer:
Youth's email address: SPACE IS LIMIT Skits Games/Recreation Bible Please circle the days you can ass Are you a member of Park Lake Pr If no, where do you attend church	Youth cell phone: TED - CIRCLE TWO areas where you would like the Story Snacks Crafts Science Pre- sist with VBS: M T W TH F resbyterian Church? Yes No	te to volunteer: eK K 1-2nd 3-5th
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Youth's email address:	Youth cell phone: TED - CIRCLE TWO areas where you would like e Story Snacks Crafts Science Pre- sist with VBS: M T W TH F resbyterian Church? Yes No O n: ons including food allergies: parent/guardian cannot be reached, please co Phone: COVENANT of Youth Volunteer, I agree to	te to volunteer: eK K 1-2nd 3-5th ontact:
Youth's email address: SPACE IS LIMIT Skits Games/Recreation Bible Please circle the days you can ass Are you a member of Park Lake Pr If no, where do you attend church Allergies or other medical condition Allergies or other medical condition In case of emergency, when the p Name: Relationship: By accepting the job • arrive every d	Youth cell phone: TED - CIRCLE TWO areas where you would like e Story Snacks Crafts Science Pre- sist with VBS: M T W TH F resbyterian Church? Yes No n: ons including food allergies: parent/guardian cannot be reached, please co Phone: COVENANT	day ahead.

Parent/Guardian's Signature _____

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