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. $250 program fee
   b. $150 refundable security deposit that will be refunded at the completion of the program if no damages have been incurred.
   (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: Ephraim Willmarth, Program Coordinator
   PO Box 36
   Jordanville, NY 13361
6. Once all forms and payment are received a confirmation and further instructions will be sent to the email address specified on the registration form.
7. If you have questions please contact Ephraim Willmarth, our Program Coordinator, at:
   Email: ejwillmarth@hts.edu
   Phone: (315) 867–0126

Personal Information:

Name:_____
first middle last

Mailing address:_____

_____

Phone:
(Home):_____(Cell):_____

Email address: _____Date of birth:_____/_____/_____
dd mm yyyy

Parish:_____

Name of parish priest:_____
first last

Phone:_____ Email:_____