

**Des Moines Area Religious Council
Community of Interfaith Youth (CITY)**



2011-2012 Enrollment Form
Please Print Clearly

Youth Name: _____

Gender: _____ Age: _____ Birthdate: _____

Address: _____

Phone Number: _____

Email Address: _____

Religious Affiliation(s): _____

School: _____

Parent/Guardian's Names: _____

Address (N/A if same as above): _____

Phone Number: _____

Email Address(es): _____

Religious Affiliation(s): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Individuals authorized to pick up/drop off youth (if youth not providing their own transportation):

What do you (and/or your son/daughter) hope to experience in CITY?

Additional form/permission/waivers may be required pending the type of activities the Youth want to participate in.