

**SUSQUEHANNA VALLEY PRESBYTERY  
YOUTH ADVISORY DELEGATE  
APPLICATION**

Please apply no later than August 30, 2009

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL (if you have it) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Racial/Ethnic \_\_\_\_\_ Current Age \_\_\_\_\_

What is the name of your church? \_\_\_\_\_ City: \_\_\_\_\_

What grade in High School or Year in College are you currently in? \_\_\_\_\_

What High School or College do you attend? \_\_\_\_\_

WHY ARE YOU INTERESTED IN BEING A YOUTH ADVISORY DELEGATE?

WHAT SPECIAL QUALITIES WOULD MAKE YOU A GOOD REPRESENTATIVE OF THIS PRESBYTERY?

ARE YOU ABLE TO ATTEND:

Synod Youth Advisory Delegate Orientation:

October October 15 2009 at Stony Point, NY \_\_\_\_\_ Yes \_\_\_\_\_ No

We will help with transportation. Orientation and travel costs will be paid for by the Presbytery.

Synod Assemblies:

October 16 & 17 2009 at Stony Point, NY \_\_\_\_\_ Yes \_\_\_\_\_ No

(All day Friday & half day Saturday)

