

Name of Activity _____



Application instructions:

Please answer all questions and return your completed application to the Youth Advisory Council for review, no later than _____



Who are you?

Name	
Address	
Email Address	
Phone Number	



What activities have you participated in with the FPC Youth Group, this year?



In the space provided, please tell us why you would like to go to: (Cedarkirk Camp / Honduras/Other) and what you hope to accomplish and or learn, from this experience.

YOUTH ADVISORY COUNCIL APPROVAL

Event(s) Approved	
Council Representative Signature	