

# 2019 UNITED NATIONS SEMINAR FOR YOUTH

(Print Out or Fill In)

## APPLICATION

**Mail to:**

**Christian Church in Ohio**

**Attn: UN Seminar**

**10335 Maple Dell Rd**

**Marysville, OH 43040**

**Email to: [RevRalphW@sbcglobal.net](mailto:RevRalphW@sbcglobal.net)**



**DO NOT WRITE HERE**

Soph. \_\_\_ Jr. \_\_\_ Sr. \_\_\_

AF \_\_\_ NO. \_\_\_

BAL \_\_\_ NO. \_\_\_

REF \_\_\_ NO. \_\_\_

M.REC \_\_\_ T.REC \_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone with area code \_\_\_\_\_

Cell phone with area code \_\_\_\_\_

Email (**REQUIRED**) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender (check one): Female [ ] Male [ ]

What school grade will you have completed by June 2019? \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

Name of High School \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Name of School Principal \_\_\_\_\_

Are you a member of a church? \_\_\_\_\_ Name of Church \_\_\_\_\_

Address \_\_\_\_\_

Attended Jr. High (Chi Rho Camps) in: 20\_\_\_ 20\_\_\_ 20\_\_\_

Attended Sr. High Conferences in: 20\_\_\_ 20\_\_\_ 20\_\_\_

Conference Week you attended: \_\_\_\_\_

Attended State Youth Conventions &/or Mid-Winters in: 20\_\_\_ 20\_\_\_ 20\_\_\_

What, if any, positions do you hold in your church, district, and state youth organizations:

In what U.S. Congressional District do you live? \_\_\_\_\_

What is your U.S. Representative's name (It may change)? \_\_\_\_\_

Have you ever been to the United Nations? \_\_\_\_\_ When and what for? \_\_\_\_\_

Have you ever been to Congress? \_\_\_\_\_ When and what for? \_\_\_\_\_

Who would you like to room with? (Rooms are 6-8 persons) \_\_\_\_\_

**(there's more!)**



The application and 1<sup>st</sup> paper can be mailed or E-mailed. If Emailing send to Rev. Ralph Wearstler ([RevRalphW@sbcglobal.net](mailto:RevRalphW@sbcglobal.net)).

**Make checks payable to Christian Church In Ohio and mail to Christian Church In Ohio, 10335 Maple Dell Rd, Marysville, Ohio 43040. Deadline for registration is December 12, 2018. (NOTE: If paying by credit card, please go to the Regional Website (<http://www.ccinoh.com/ministries/children-youth/youth-fellowship/un-seminar.aspx>) or call the Office at 614-433-0343.)**

**NOTE: In case you have to cancel:** Due to the necessity of purchasing tickets, housing and bus arrangements, should you cancel and a replacement is not found, the \$400 registration deposit fee will not be returned until February 22, 2019. *There is a \$25.00 processing fee for any other refund requests before the December 12, 2018 deadline.* If a replacement is found, the remainder of the fee refunded will be returned within 30 days after the cancellation is made.

**Cancellation of Program:** This is a cost based program. If there are not enough individuals registered to cover the whole cost of the program by December 12, 2018, we reserve the right to cancel this program and return all funds.

Enclosed: Application & fee check (yes?) \_\_\_\_\_ 500 word paper (yes?) \_\_\_\_\_

**COVENANT:** During the United Nations Seminar for Youth, I pledge to adhere to the following guidelines:

1. Courtesy - Remember, we represent the Church.
2. Stay with my travel group during the day and stay inside the hotel or motel during the night. Use the buddy system for public restrooms.
3. Off limits are: girls' rooms for boys; boys' rooms for girls.
4. No smoking, alcohol, illegal drugs, or weapons of any kind on the entire trip.
5. All persons at all activities. Be on time. Allow yourself extra time to get ready.
6. Quiet at curfew each night. Quiet in the halls of the hotel or motel; no running in halls.
7. Do not take souvenirs such as towels, ashtrays, silverware, etc.
8. Be Alert! Walk fast and keep up. **DO NOT HORSE AROUND ON THE STREETS.** Watch out for New York Cabs. Red does not always mean STOP in New York City.
9. Clean speech. Do not make fun of persons who look, act, talk or smell differently than you.
10. **DO NOT, UNDER ANY CIRCUMSTANCES, TALK WITH STRANGERS. DO NOT TAKE PICTURES THAT INCLUDE PEOPLE OTHER THAN YOUR FRIENDS.**
11. **NEVER, BUT NEVER, GO OFF ALONE ANYWHERE.**

Your signature in agreement of the Covenant:

(If Emailing form, print name and add a digital scanned signature, if possible.)

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Date you sign this: \_\_\_\_\_

***Note: The consequences of serious violation of any of the above guidelines may result in your being sent home at your expense.***

**A separate medical form will be sent to you after this application and first payment are received. Medical form must be returned by January 25, 2019.**