PROVINCIAL YOUTH EVENT QUITO 2013 SHORT TERM MISSION

JULY 9-18, 2013 QUITO, ECUADOR

YOU ARE INVITED TO PARTICIPATE IN OUR FIRST INTERNATIONAL PROVINCIAL YOUTH EVENT.

PARTNERING WITH YOUTH WORLD IN QUITO, ECUADOR, PROVINCE IV WILL BE ENGAGING IN MISSION IN ECUADOR. DURING OUR 9 DAY MISSION WE WILL WORSHIP, PARTNER WITH CHILDREN'S MINISTRIES, EXPERIENCE A NEW CULTURE, AND SEE THE FACE OF CHRIST IN THOSE AROUND US.

GO. GIVE. PRAY. - WE INVITE YOU TO PRAYERFULLY CONSIDER JOINING US TO

Rural
PYE Balance Love
Love Holy
Lov

GO, GIVE, AND PRAY AS PART OF THE BODY OF CHRIST FOR THIS SHORT TERM MISSION IN THE SUMMER OF 2013.

Cost: \$2,075

COORDINATORS: ABI MOON, CAMERON VIVANCO, AND COOKIE CANTWELL

APPLICATION & DEPOSIT
DEADLINE: JANUARY 6, 2013

Provincial Youth Event- Quito 2013 Short Term Mission Team

July 9-18, 2013

PLEASE PRINT CLEARLY.

Return this form with a nonrefundable, nontransferable deposit of \$150 per person by January 6, 2013 to:

PYE Quito, c/o St John's Episcopal Church, 211 N. Monroe St. Tallahassee, FL 32301.

You may fax your form to 850-224-3122.

Deposit will be deducted from total fee of \$2075. **\$850 due February 12.**

Remaining \$1075 due April 1, 2013.

This form must be filled out completely, with Parent's Authorization (if under 18) and Community Covenant signed and short responseattached, for you to be eligible for this trip.

Name (as written on passo) Age Male □ Female □	
Name vou prefer)AgeMale □ Female □ Birthdate\T-shirt size	
Passport Number		
Address (P.O. Box, street, c	state, ZIP)	
Church	Diocese der 18) () Email	
Day/cell phone (parent's if	der 18) () Email	
Parent signature (if under		
Applicant signature		
	Province IV. Unless otherwise informed, Province IV Youth Event will consider your registration as permission to use youton, web site and news media coverage.	our
pnotograpn/voice for its pr	ocion, web site una news media coverage.	
Emergency Contact Nan	and Phone Number:	
Family/Health Informat	1:	
	ption medications?	
Any special diet restrict	is or needs?	
DADENT'S AUTHODIZAT	DN (if under 18) MUST BE SIGNED. The information on this form is correct so far as I know, and the person l	aoroin
	to engage in all prescribed Province IV Youth Event activities, except as noted by me. In the event Province I	
	each parent or guardian in an emergency, I hereby give permission to the physician selected by the Province	
	, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.	= 1 V
Parent signature (if under	secure proper treatment for and to order injection, anestnesia or surgery for my time as named above.	
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COMMUNITY COVEN	NT	
I acknowledge and accept i	riting that community life at a PYE-sponsored youth event is based upon mutual trust, respect for others and adherence	to the
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Short Written Response

On a separate sheet, please respond to the following question in no more than 100 words: Why do you want to participate in a Short Term Mission Team and what you hope to gain in Quito, Ecuador?