

DATE: _____ / _____ /20_____

MOMENT OF PEACE ADVENTURES

P.O. BOX 775
Oley, PA 19547

YOUTH APPLICATION

*** FORM TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN



NAME OF YOUTH: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____

HEIGHT: _____

WEIGHT: _____ MALE FEMALE

T'SHIRT SIZE _____

PARENT(S)/GUARDIAN(S) NAMES: ***

NAME/RELATIONSHIP/PHONE NUMBER: _____

NAME/RELATIONSHIP/PHONE NUMBER: _____

SIBLING(S) NAME(S):

NAME/RELATIONSHIP/AGE: _____

NAME/RELATIONSHIP/AGE: _____

NAME/RELATIONSHIP/AGE: _____

PRIMARY DIAGNOSIS: _____

TREATING PHYSICIAN'S NAME: _____

TREATING PHYSICIAN'S ADDRESS: _____

TREATING PHYSICIAN'S PHONE NUMBER: _____

IS THERE A MEDICAL REASON WHY WE NEED TO ACT QUICKLY: _____

HOW DID YOU HEAR ABOUT MOMENT OF PEACE ADVENTURES: _____

WHAT TYPE OF ADVENTURE IS THE YOUTH INTERESTED IN: _____

MOPA OFFICIAL USE ONLY

DATE RECEIVED: _____

APPLICANT CONTACTED: _____

INTERVIEW SCHEDULED: _____

SAFETY TRAINING: _____

APPROVAL FOR ADVENTURE: _____

DATE OF ADVENTURE: _____

This application is the initial contact to Moment of Peace Adventures. This application is not a confirmation or guarantee of an adventure for this applicant. Once this application is completed and received, you will be contacted by a Moment of Peace representative. Please mail the completed application to the address indicated above.