

Wilton Presbyterian Church

M.A.T.E. 2008 Application

Please fill in the applicable information and mail or return this form to the Church Office.

Name(s): _____ Age: _____
_____ Age: _____
_____ Age: _____
_____ Age: _____
_____ Age: _____

Address: _____ Town/state/zip: _____

Skills (none required):

Tools or materials you will bring or have access to:

Are you willing to drive? _____ No, I will need a ride.
_____ Yes, I have room for _____ passengers.

Do you have any special dietary needs? If so please specify.

Would you be willing to serve as an adult sponsor for a person age twenty to sixteen?
_____ Yes I would. _____ No thank you.

When was your last Tetanus shot? _____

I/we have read and understand the W.P.C./M.A.T.E. participant expectations:

Signature(s): _____

.....
Note: All children age fifteen and younger must be accompanied by one of their parents. Anyone from the ages of twenty to sixteen must have an adult sponsor who will be willing to be responsible for that person's whereabouts and duties to the work site and kitchen.

Permission for attendee age sixteen to twenty:

I give permission for my son/daughter _____ age _____ to attend the Wilton Presbyterian Church M.A.T.E. work camp in Maine from June 21 to June 27. Mr./Mrs./Ms. _____, an adult participating in the work camp, has agreed to act as a sponsor for my child. I give permission for any of the participating adults to seek medical assistance, including the use of prescriptive medicine, for my child should that become necessary. If possible please include copies of health insurance cards or information.

The following medical information should be made available to anyone treating my child:

Last Tetanus shot _____ Allergies _____
Medications _____
Other _____

Parent signature _____ Name _____ Phone _____
Address _____

In case of an emergency please contact:

1. Name _____ Phone _____ Relation _____
2. Name _____ Phone _____ Relation _____