



Official Diocesan  
Youth Convention Form  
October 18 & 19, 2019

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Parish \_\_\_\_\_

Location and Convocation \_\_\_\_\_

Telephone number(s) ( ) ( )

Parents

Home

Cell - YOUTH not parent

E-mail address \_\_\_\_\_

Birth Date

Grade

Circle one: Male

Female

Parent contact information

Name \_\_\_\_\_

Address \_\_\_\_\_

Emergency contact information \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Return this Application to Mary Ellen Kilp or mail to:

The Episcopal Diocese of Central PA

PO Box 11937

Harrisburg, PA 17108

by October 5, 2018.

For questions, please contact ----Mary Ellen Kilp [mekilp@yahoo.com](mailto:mekilp@yahoo.com)