

YARP Request Form

Name of Congregation:
Location of Congregation: (City)
Contact Person:
Email address:
Phone number: ()
Dates requested: please give several options

Specific responsibilities:

Age group participating:
Expected numbers attending:

How many adults will be present for this event?

Do you have a schedule of events to share with the YARPs?
(i.e. what you want to do, activities you'd like to see, meals,
devotions, etc. - please put some thought into these things.)

Helpful hints:

- ♥ please be very specific in the duties expected
- ♥ don't expect the YARPs to plan your entire lock-in without help
- ♥ adults must serve as disciplinarians if needed
- ♥ mileage expense should be covered by congregation. .19 per mile
- ♥ call Tammy with more questions (828)635-6144

Send to:

**YARP Coordinator
366 Chesterfield Dr.
Taylorsville NC 28681**