PERSONAL DATA FORM

Name:	Age		
T-Shirt size			
Address:			
City:	State:	Zi	ip:
Telephone:	(Day)		(Evening)
Parent(s) Name(s)			
Church:	Pasto	or:	
Jurisdiction:		-	
Who Are your Youth Leaders?			
(Local)	(District)		
(Jurisdictional)			
INVOLVEMENT IN MINISTRY			
ACADEMIC INVOLVEMENT/ACHIEVE	EMENT/AWARDS		
GRADE LEVEL:		GPA:	
COMMUNITY INVOLVEMENT/ACHIEV	VEMENTS:		
NAME ONE PERSON THAT INFLUENCE	ED YOU AND IMPAC	TED YOUR LIF	E. HOW?
PARENT'S SIGNATURE	JURISDICTIONAL	L LEADER'S SIGNAT	TURE

INTERNATIONAL CHURCH OF GOD IN CHRIST YOUTH DEPARTMENT

Young Women of Excellence

AGREEMENT

	AND			
I AGREE TO ABIDE BY THE RULES				
GUIDELINES THAT HAVE BEEN SET BY THE <u>(ISWR YWE</u>) Young			
Women of Excellence Committee. I FURTHER UNDERSTAND T	НАТ			
FAILURE TO COMPLY WITH SAID GUIDELINES WILL AUTOMA	TICALLY			
EXPEL ME FROM THIS PAGEANT AND IN DOING SO, I HAVE FO	RFEITED			
ALL PAGEANT MONIES, PRIZES, AND AWARDS.				
PARENT'S SIGNATURE:				
PARTICIPANT'S SIGNATURE:				
WITNESSED BY:				
(YOUTH LEADER)				
DATE:				