

REAL
The McCoy
APPLICATION

PLEASE PLACE
RECENT
PICTURE HERE!

Please print or type on the application using blue or black ink. Do not leave any blank lines or questions unanswered. If the question does not apply to you, fill in the blank with N/A and, if necessary, a brief reason why it doesn't apply.

Please have your parents or pastor review this application before submitting it.

Personal Information

Name: _____
LAST FIRST MIDDLE

Address: _____

City: _____ State: _____ Zip (Postal Code): _____

UPCI District: _____ Phone: Home: _____ Cell: _____

E-Mail Address: _____ Male _____ Female _____

Email is *required* for your district and/or UPCI YM to send you information regarding RM Weekend

Date of Birth: Month: _____ Day: _____ Year: _____ Current Age: _____

Father's name: _____ Mother's name: _____ or Guardian's Name: _____

Emergency Contact Information:

Name: _____ Address: _____
If not the same as home address

City: _____ State: _____ Zip (Postal Code): _____

Phone: _____ Cell Phone: _____ Relationship: _____

Will you be traveling with a chaperone? ___ Yes ___ No Chaperone name: _____

Christian Service History

Name of the church you attend: _____

Pastor: _____ Attended how long? _____

Church Address: _____

City: _____ State: _____ Zip (Postal Code): _____ Phone: _____

Have you received the Holy Ghost with the evidence of speaking in other tongues? ___ Yes ___ No

Have you been baptized in Jesus' name? ___ Yes ___ No

Received the Holy Ghost: Date _____ Place _____

Was baptized: Date _____ Place _____

Contest Criteria

In which church related activities have you been involved? (Check all that apply) _____ Leadership,
_____ Youth Ministry, _____ Preaching, _____ Sunday School Teaching, _____ Choir, _____ Bible Quizzing,
_____ Home Bible Studies, _____ Evangelism, _____ Bus Ministry, _____ Cell Group Leaders,
_____ Hyphen, _____ Campus Ministry, _____ Worship Team, _____ Musician & I play: _____
Other: _____

List your district involvement (i.e. sectional youth rallies, youth convention, camp). _____

How much money did you personally raise for MTM this year? \$ _____

Explain how you raised your offering and include details on how you used creativity and hard effort to reach your goal. (Feel free to attach a separate document if you need more room.) _____

Signature of Parent(s)/Guardian	Date
Signature of Pastor	Date
Signature of Applicant	Date

***Important:** In order for the applicant to be considered, this completed application must be submitted to your District Youth President no later than one week after the MTM offering date (this date is usually the last Sunday in August).

For District Youth President Only

_____ pts Money Raised	_____ pts District Involvement
_____ pts Church Involvement	_____ pts Effort/Creativity

