



Adult Staff Form

Registration fee: \$100

Mail to:

Matt Thrasher

6000 Table Mountain Avenue Louisville KY, 40214

Name: _____

Birthday: (*must be 21 or older to come as a Chaperone) _____

T-shirt size: circle 1 (Adult size) **S M L XL 2XL 3XL**

Address: _____

Phone Number: _____

Home Church: _____

Church Member: Yes _____ No _____

Pastor's Approval Signature: _____

Health Insurance Carrier: _____

Policy #: _____

All fields are required as this information allows for the background checks needed for District Insurance purposes to work with youth. This check needs to be done yearly. Thank you for your cooperation and your willingness to serve with the Kentucky District NYI.