

# 2010 SEMP Team Member Application Friendship Church



Application and \$50 Non-Refundable Deposit Due March 21, 2010

Total remaining Cost: \$490.00 (\$540.00 Total) Due no later than June 4, 2010

This form must be COMPLETELY filled out in order for it to be considered on time. If there is missing information, you run the risk of paying a \$20-\$40 late fee and the possibility of a spot not being available.

You will receive a confirmation email from SEMP once you are registered and an email from Amy with the log in website and to remind you of your login email address and password.

Given First Name (ie Joseph not Joe): \_\_\_\_\_ Birthdate (xx/xx/xxxx): \_\_\_\_\_  
Last Name: \_\_\_\_\_ Gender: M F  
Email Address: \_\_\_\_\_ Email Notifications: ON or OFF  
(you will receive confirmation at this address and it will serve as your login user name)  
Password : \_\_\_\_\_ (5-15 characters)  
(Please create a unique password for SEMP, Amy will email this info to the above email address as a reminder)  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell/Main Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SMS/Text Notifications: ON or OFF  
Twitter Username (optional): \_\_\_\_\_ Twitter Password (optional): \_\_\_\_\_

High School Graduation Year: \_\_\_\_\_ Nickname (ie Joe instead of Joseph): \_\_\_\_\_  
TShirt Size: S M L XL XXL Grade Completed by this Summer: 8 9 10 11 12 other  
Roomate Choice #1: \_\_\_\_\_ Roomate Choice #2: \_\_\_\_\_

SEMP Experience: None 1 year 2 years 3+ years

Leaders Only: \_\_\_ I am interested in being a POD leader. \_\_\_ I am interested in being a TRAINER

ALL participants MUST have health insurance. If you do not have personal/family health insurance you can purchase the health insurance provided by SEMP for an additional \$35.00 fee.

\_\_\_ I have health insurance. (Fill in details below)

\_\_\_ Please Provide me with Health Insurance (add'l \$35.00)

Insurance Carrier: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_ Plan/Policy #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies/Medications/Medical Notes: \_\_\_\_\_

Other Notes or Comments: \_\_\_\_\_

I agree to and understand the following about my registration:

1. I commit to pray and prepare myself for SEMP.
2. I understand a non-refundable \$50 deposit must be paid to my Group Coordinator (make check out to Friendship Church)
3. I understand that my registration is non-transferrable (I can't have someone go in my place.)
4. Final payment for all participants for SEMP is due on or before June 4, 2010.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if participant is under age 19): \_\_\_\_\_ Date: \_\_\_\_\_

By filling this form out and turning it in to Amy Pavlo, you are authorizing Amy to create a login account for SEMP and provide your personal contact information and health insurance information to SEMP via a secure information page. If you have questions or concerns, please contact Amy at 952-567-6462.