

INFORMATION FOR YOUTH, PARENTS AND LEADERS

REGIONAL YOUTH DAY

'Let virtue garnish thy thoughts unceasingly'

Date: Saturday, 17th February, 2007
Venue: Alloa Chapel, Grange Rd, Westend Pk, Alloa, FK10 1LR
Time: 10.00am – 10.00pm

Registration

Registration Forms must be completed and brought with you to Alloa Chapel. All Registration Forms must be signed by your Bishop or Branch President. All sections of the Parental Consent Forms must be completed.

Requirements

- All clothing and behaviour must conform to LDS standards (See *For the Strength of Youth* pamphlet)
- Packed lunch.
- Scriptures & **Sunday dress** will be required for the BOM Activity.
- Those participating in the band practice should bring their **own instrument**.
- **Old Clothes** for service and **sports clothes** for your chosen sport.

Schedule

10.00am-11.00am	Registration
11.00am-12:00am	Seminary Class
12.00am-1.00pm	Lunch (bring your own)
1.00pm-2.30pm	Service Projects
3.00pm-5.00pm	Activities (See Below)
5.30pm-6.15pm	Dinner
6.15pm-7.00pm	Testimony Meeting
7.00pm-7.30pm	Clean Up & Preparation Time
7.30pm-10.00pm	Dance

Activities

- Sports (inter-stake 5-aside football tournament, badminton) at local sports hall.
- Band Practice (bring own instruments, to play one song during dance)
- Arts and Crafts at Alloa Chapel
- Archaeology – led by the Director of the archaeology department of the University of Glasgow

Service

- Give away a Book of Mormon with the Missionaries
- Planting Plants in a local park
- Improving a local children's playground
- Service for local members

REGIONAL YOUTH DAY
REGISTRATION FORM

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Name: _____ Date of birth: _____ Age: _____

Tel No (home): _____ (mobile): _____ Email: _____

Stake: _____ Ward/Branch: _____

My dress and behaviour will comply with LDS standards (as specified in For The Strength of Youth) at all times as I participate in this regional youth conference.

Signed _____ Signed _____
(youth) (Bishop / Branch President)

PARENTAL CONSENT FORM

Name of Doctor: _____ Telephone Number: _____

• Are you currently taking any medication? Yes No (If 'Yes', please give details):

• Do you suffer from any allergies or a medical condition (such as asthma)? Yes No (If 'Yes', please give details): _____

• Emergency contacts:

Name: _____ Name _____

Home telephone: _____ Home telephone: _____

Mobile: _____ Mobile: _____

Relationship to participant: _____ Relationship to participant: _____

I give permission for the above named to participate in the Regional Youth Day on Saturday 17th February, 2007, and to receive any and all medical attention as may be deemed necessary by a health care professional in the event of an emergency.

Signed _____
(parent / guardian)