



886 East CR 100 South, Brownstown, IN 47220  
 Phone: (812) 358-3413  
 program@pyoca.org



FULL NAME : \_\_\_\_\_

*Please check:*

<input type="checkbox"/> <b>Wed. - Sun. \$250</b> 27th - 31st	<input type="checkbox"/> <b>Thurs. - Sun. \$200</b> 28th - 31st	<input type="checkbox"/> <b>Fri. - Sun. \$150</b> 29th - 31st	<input type="checkbox"/> <b>Day Rate, \$30 per day</b>
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Current Address \_\_\_\_\_  
 \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Date of Birth** (\_\_\_/\_\_\_/\_\_\_)      **Sex** (circle one):    Male      Female

Email address: \_\_\_\_\_

Church name: \_\_\_\_\_      Emergency contact: \_\_\_\_\_

Phone #: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_\_

Roommate Request: \_\_\_\_\_

Activity Restrictions (if any): \_\_\_\_\_  
 \_\_\_\_\_

Allergies/Dietary Restrictions: \_\_\_\_\_  
 \_\_\_\_\_

T-shirt Size: \_\_\_\_\_ (additional \$10.00)

Check Enclosed (circle one):    Yes    /    No      *Please make all checks payable to "Pyoca."*

*With my signature I agree to the use of photographs containing my image for use in future Pyoca promotional/media materials.*

Signature of applicant: \_\_\_\_\_      Date: \_\_\_\_\_