



**DIOCESE OF SOUTHWEST FLORIDA**  
**NEW BEGINNINGS #47**

TEAM APPLICATION FOR GRADES 9th – 12th

Registration Fee: \$100.00

*All Team applications are due by March 29, 2010*

Name: \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Church: \_\_\_\_\_ Youth Leader or Clergy: \_\_\_\_\_

**1. Please check the applicable box:**

Single Parent    Two Parents    Blended Family    Only Child    Have brothers/sisters

*(This information is used only to assist in the assignment of talks, and will in no way impact the evaluation of your application)*

*Note: Additional sheets may be used for your answers to the following questions.*

*Please ensure that you attach these to the application form before submission.*

**2. List your youth service experience:**

*(Diocesan events - i.e., Happening, New Beginnings, Summer Camp / Church events- i.e., VBS, acolyte, lay reader, Sunday School / Home / Community / School, etc.)*

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**3. List your current involvement in other activities:** *(sports, music, hobbies, clubs, etc.)*

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4. Do you play any musical instruments and/or sing?  Yes    No

If Yes - Which one(s)? \_\_\_\_\_

5. What do you feel is your greatest strength?

6. What do you feel is your greatest weakness?

7. What do you feel are your spiritual gifts?

8. Give an example of God working in your life.

This person has my recommendation for team:  Yes    No

Youth leader or clergy name: \_\_\_\_\_ Contact phone # \_\_\_\_\_

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

*For more registration information, please call Michelle Mercurio, Admin Asst.: Phone: 941-556-0315 x274 Fax: 941-556-0321*

*Or e-mail: [mmercurio@episcopalswfl.org](mailto:mmercurio@episcopalswfl.org)*

*New Beginnings will be held at DaySpring Episcopal Conference Center, 8411 25<sup>th</sup> St. E., Parrish, FL*