



**NAZARETH MAR THOMA CHURCH, IRELAND
YOUTH FELLOWSHIP REGISTRATION FORM**

(Mar Thoma Youth Fellowship U.K & Europe Zone
Diocese of UK, Europe & Africa)

Name:

Gender:

Age:

Area:

Father's name:

Mother's name:

Email address:

Phone number:

Declaration

I wish to enroll myself for the Youth Fellowship and I am willing to pay €5 as a registration fee.

- I hereby give my consent to use my photographs/videos taken during Youth Fellowship/Church programs/ activities for Youth Fellowship/Church promotional purposes, printed publications, internet posts including social media and other media sources.

Applicant's signature:

Parent/Guardian's Declaration

(For applicants below the age of 16)

I confirm that my child can register for the Youth Fellowship and that I am willing to pay €5 as a registration fee.

- I hereby give my consent to use the photographs/videos of my child taken during Youth Fellowship/ Church programs/activities for Youth Fellowship/Church promotional purposes, printed publications, internet posts including social media and other media sources.

Parent's signature: