

ANNUAL LYO ASSEMBLY!!!
FRIDAY - SATURDAY, MAY 3rd - 4th, 2019
IT'S A LOCK-IN

***** THE MOST IMPORTANT YOUTH EVENT OF THE YEAR *****

THE METRO NY LUTHERAN YOUTH ORGANIZATION (LYO) BOARD
IS CALLING ALL YOUTH TO PARTICIPATE
IN THEIR ANNUAL ASSEMBLY AND ELECTIONS

An event for all Senior High youth, grades 9 - 12
at **Holy Trinity Lutheran Church, Bellerose NY**

Registration begins at 8:00pm
Cost: \$10 per person - includes food and fun

*** ELECTION OF SYNOD YOUTH BOARD AND OFFICERS ***



******* IMPORTANT DEADLINE ***** REGISTER BY APRIL 28th, 2019**

Name of Congregation _____ Town _____

Participant Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

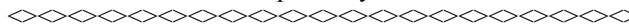
E-mail _____

\$10, Advance registration required, Make check out to: "Metropolitan NY Synod"

*** One slip must be filled out for each participant. Copies may be made of this form. ***

MAIL TO: Diane Gilroy
117-14 Union Tpke #AF3
Kew Gardens, NY 11415
(718) 793 -2188 evening
(212) 442-3008 daytime

Scholarship Money Available



Please arrange to have an adult counselor with every seven youth attending

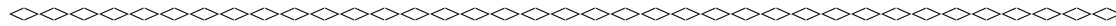
Directions to Holy Trinity Lutheran Church
246-55 87th St.
Bellerose, NY 11426

From The Throgs Neck Bridge, Long Island Expressway and points East/North:

Take the Cross Island Parkway South to exit 28a, Hillside Avenue. Turn left onto Hillside Ave., make a quick right onto Commonwealth Boulevard. The Church will be on your left, at the corner of 87th Avenue and Commonwealth Blvd.

From points South:

Take the Cross Island Parkway North to Exit 27, Jericho Turnpike. Turn right onto Jericho Tpke. Turn left onto Commonwealth Boulevard. Holy Trinity Lutheran Church will be on the right at the corner of 87th Avenue and Commonwealth Blvd.



I give permission for my son/daughter _____ to attend the **Metro NY Synod Lutheran Youth Organization Annual Assembly on Friday May 3rd and Saturday May 4th, 2019 at Holy Trinity Lutheran Church in Bellerose.** I will allow for any medical attention deemed necessary by a physician should my son/daughter be injured during the Assembly. Below is an alternate person to contact should an emergency arise and I cannot be reached.

SIGNATURE OF PARENT OR GUARDIAN

Telephone # __ (____) _____ (Home) __ (____) _____ (Cell)

ALTERNATE PERSON TO CALL: _____

TELEPHONE NUMBER: _____