



# JUSTICEWORX 2009

## PARTICIPANT RESERVATION FORM

Thank you for your interest in JusticeworX! Please submit this form to reserve a space on JusticeworX 2009. A parent/guardian must complete this form on behalf of youth younger than eighteen (18) years of age. Participants over eighteen (18) years may complete it on their own behalf.

Please note: a non-refundable deposit of \$80.00 must be included with each reservation. Checks should be made payable to The Center for FaithJustice unless otherwise directed by your group leader. Forms can be mailed to:

JusticeworX  
c/o The Center for FaithJustice  
74 Mapleton Road  
Princeton, NJ 08540

You may also submit this form via email at [justiceworx@faithjustice.org](mailto:justiceworx@faithjustice.org) or fax at 609/520-0593. In such cases your deposit must be received within seventy-two (72) hours in order to retain your reservation.

### Participant Information:

Youth Name: \_\_\_\_\_

Participating Group (if applicable): \_\_\_\_\_

Group Leader (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ T-Shirt Size: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

School: \_\_\_\_\_ Grade (as of 1/1/09): \_\_\_\_\_

Youth Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Church (if applicable): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Parent/Guardian Email: \_\_\_\_\_

*Please Choose Desired Week - Participants may attend only one week of JusticeworX, however you are free to indicate your top three choices.*

June 14 to June 20, 2009		July 19 to July 25, 2009	
June 21 to June 27, 2009		July 26 to August 1, 2009	
June 28 to July 4, 2009		August 9 to August 15, 2009	
July 5 to July 11, 2009			

*A member of the WorX Leadership Team will contact you upon receiving your reservation form. Thank you for your support!*

[www.justiceworx.org](http://www.justiceworx.org)