

We'd really love to have a YARP visit...
(Young Adult Resource Person)

Contact Person: _____

Address: _____

City, Zip: _____

Phone: Day (_____) _____
Night (_____) _____

Email Address: _____
(This is most helpful considering all the YARPs have email)

Church: _____ Location: _____

Dates Requested: (please give several choices)

What is expected of the YARP? Please be specific with a schedule.

Will this be an overnight event? _____

What is the age of your group? _____

What number of youth do you expect? _____

Who will be responsible for any disciplinary matters?

Any additional information you feel the YARP and/or YARP Coordinator should know?

Adults must serve as disciplinarians, if needed
Please don't expect the YARPs to plan your entire lock-in without your input.

*The only cost to the congregation for having a YARP is mileage, housing (if overnight) and meals. Limited scholarships are available through the LYNC Network.

Mail: YARP Coordinator
366 Chesterfield Dr.
Taylorsville NC 28681

Any Questions? Tammy Jones West – 828/635-6144
Lyncnetwork@lutheranyouth.org