

# Long Island Area Council (LIAC) COMING OF AGE Application

Make sure all 5 sections are filled out neatly and signed.

## 1. Applicant (participant)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Complete address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

I want to take part in the Coming of Age Program because:

\_\_\_\_\_

I have chosen to take part in the Coming of Age Program. I understand that I will agree to sign a covenant that will require expected behavior while I am attending the program

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

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## 2. Parent/Guardian

I believe my child is ready to assume the responsibilities required for the Coming of Age Program. I also understand the commitment necessary from my child and me for successful completion of the program. I will make known any special needs my child has.

Name \_\_\_\_\_ Signature \_\_\_\_\_ E-mail \_\_\_\_\_

Phone number \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contacts: \_\_\_\_\_  
(Include phone numbers)

**YOU MUST BE ABLE TO BE CONTACTED DURING PROGRAM WEEKENDS**

I expect that my child will \_\_\_\_\_ will not \_\_\_\_\_ participate in the optional Boston trip.

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## 3. Religious Educator

This applicant meets the prerequisites. I recommend this applicant for the Coming of Age Program.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Congregation \_\_\_\_\_

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## 4. Mentor

I am willing and able to work with and support this youth with his or her projects.

Name \_\_\_\_\_ Signature \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

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## 5. Turn this application over to read, discuss and sign the COVENANT.

Please send completed application with a deposit of \$25 by Dec. 23 with COA in the memo line to:

LIAC c/o Gretta Johnson-Sally 5 Reydon Way Commack, NY 11725

Questions? Call your Director of Religious Education or contact

David Silver, COA Program Consultant: E-mail: [ds60210@gmail.com](mailto:ds60210@gmail.com) phone: 631-553-1107.

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