

Holston Conference Council on Youth Ministries  
**CCYM Representative-Elect Information Form**

District \_\_\_\_\_ Coordinator's Name \_\_\_\_\_

Date submitted: \_\_\_\_\_ Date received in the conference office: \_\_\_\_\_

**Please print or type. Complete both sides.**

**CCYM Representatives for the Year 20\_\_-20\_\_ (August to August):**

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

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

\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

Local Church: \_\_\_\_\_

School: \_\_\_\_\_ Grade (in the fall): \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

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

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

\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

Local Church: \_\_\_\_\_

School: \_\_\_\_\_ Grade (in the fall): \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

**ALTERNATE** – The alternate, at a minimum, will attend in the absence of a regular representative. Alternates are welcome at all meetings and encouraged to voice their opinions.

Name: _____
Address: _____ _____
Home Phone: (____) _____ Cell Phone: (____) _____
Email: _____
Local Church: _____
School: _____ Grade (in the fall): _____
Parent(s) Name(s): _____