

**Great Lakes Regional Youth Event
Defiance College, Defiance OH
June 17-June 20, 2010**

Workshop Form

There will be 6 workshop sessions. Our goal is to have each session hold 20-25 opportunities. Please list your order of preference. The workshop schedule will be completed by GLRYE coordinators.

_____ Workshop #1	Friday 1:30-3	_____ Workshop #4	Saturday 10:45-11:45
_____ Workshop #2	Saturday 9:30-10:30	_____ Workshop #5	Saturday 1:30-2:30
_____ Workshop #3	Saturday 10:45-11:45	_____ Workshop #6	Saturday 2:45-3:45

Workshop Title: _____

Target Audience: _____ Jr High Youth _____ Sr High Youth _____ Adults

Specialty Group _____

Workshop Description (30 words or less):

Workshop Information:

- _____ I will provide my own equipment.
- _____ I will need an electrical outlet.
- _____ I would like to borrow the following equipment:

Other needs: _____

Primary contact information: Conference _____ Church _____

Youth _____ Adult _____

Workshop Leader: _____

Mailing Address: _____

City _____ State _____ Zip _____

E-mail _____ Primary phone _____

Return completed form to: Susie Larson by e-mail: yaya@ikcucc.org
Indiana-Kentucky Conference UCC cell #: 317-445-8754
1100 W 42nd Street, Suite 350
Indianapolis IN 46226

RYE Staff Use: date confirmed by Workshop session 1 2 3
4 5 6