

**The Unitarian Church in Westport**  
**UU Metro NY Youth Cluster Conference**

Registration Information

**GENERAL**

Name \_\_\_\_\_

Age \_\_\_\_\_

Congregation \_\_\_\_\_

Advisor \_\_\_\_\_

Mobility (please describe any restrictions or issues you may come up with)

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\_\_\_\_\_

Is this your first UU MetroNY event? ( )YES ( )NO

**FOOD AND ALLERGIES**

Dietary Restrictions

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Known Allergies

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