



## Box City General Information

- This is our second attempt to simulate homelessness so that our youth can grow to understand this reality that is known to over 450 individuals in greater Nashua
- Please contact your congregation's or youth organizations (grades 7-12) and extend an invitation to participate on our behalf; there is a requirement that you furnish 1 adult for every 4-5 youth attending from your congregation or youth organization
  - Chaperones will be participating right along with the youth, as well as sleeping with them in their cardboard box neighborhood
  - A \$10 non-refundable deposit will confirm your participation on a first come, first served basis. If Box City has achieved its maximum participation number by the time we receive your deposits, you will be notified & checks returned
    - The registration form (attached) may be duplicated and sent along with deposit to: [Laurie Skibba, Director, GNIHN, 180 Lowell Road, Hudson, NH 03051](#) by [March 24](#)
      - On memo line enter, "box city"
  - Emergency contact form can be submitted at registration on June 10; you may not participate unless this form is submitted
  - Each participant will be encouraged to solicit sponsors for their citizenship in Box City and these donations should be submitted at time of registration on April 5



Box City Registration Form

Saturday evening, April 5 @ 7pm – Sunday morning, April 6 @ 8:30am  
Rivier College’s Muldoon Health & Fitness Center, Nashua, NH

\$ 10 non-refundable registration per person (including chaperone) must  
accompany this form

Send this form along with deposit to: Laurie Skibba, Director,  
GNIHN, 180 Lowell Road, Hudson, NH 03051  
Enter “Box City” on the memo line

Name of Congregation or Organization:

\_\_\_\_\_

Contact Person for this Event: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Box City Participants: (1 adult for every 4-5 youth or fewer) in a “family”:

Chaperone: \_\_\_\_\_

Youth: \_\_\_\_\_

Youth: \_\_\_\_\_

Youth: \_\_\_\_\_

Youth: \_\_\_\_\_

Youth: \_\_\_\_\_

Please duplicate this form for additional participants