

2020 Mission Trip Registration

Youth's Name: _____ Birth Date: _____

Youth's Cell Phone: _____ Youth's email: _____

Parent's Name _____

Parent 1 Cell: _____ Parent 2 Cell: _____

Home Phone: _____

Address: _____

City: _____ Zip Code: _____

Parent's Email: _____ Parent's Email: _____

Emergency Contact Information:

Name: _____

Relationship to Youth: _____

Cell Number: _____ Home Phone: _____

By placing a deposit of \$100 for the 2020 Youth Mission Trip we understand that we are financially responsible for the programming fee of if decides to no longer participate less than a month before the mission trip.

Each youth and adult participating in the trip is expected to help with fundraising efforts. Any funds raised by youth will remain with the mission trip funding even if they decide at a later date to not participate in the mission trip.

Youth Signature: _____ Date: _____

Parent Signature: _____ Date: _____

\$100 Deposit Included: _____ Photo and Video consent form Included: _____

Health Form Included: _____ I am willing to be an adult sponsor for this event _____

\$100 Deposit and Forms are due to Allison by Sunday, March 29th