

Trinity Lutheran Church

High School Mission Trip Registration Form for 2018

Student Information:

Name: _____
Birth date: _____ Grade: _____ School: _____
Home address: _____
Phone Number: _____ Text? _____ (Yes/No)
Email address (if applicable): _____
Specific Skills or Talents for Mission Trip: _____
Allergies: _____

Parent/Guardian Information:

Name(s): _____
Phone number: _____ Email: _____
Best time to reach you: _____

We understand that the 2018 Mission Trip requires a \$50 deposit as well as outside funding to meet the financial obligation of our mission trip. Extra spending money and money for food during travel times is not included in the general cost. Once a site has been selected, we will do our best to not only reach our financial obligation, but help those who are having a difficult time reaching their goal through participative encouragement and support.

Parent/Guardian signature: _____
Date _____