



Jr. Youth Summer Missions Trip

Quad Cities, Illinois

Sunday, July 22nd - Saturday, July 28th

This Missions Trip is available to 6th Grade - 8th Grade Students

*The \$35.00 Summer Missions Trip Deposit and Registration Form are Due by **FEBRUARY 12th**
Spaces are limited and will be granted on a first come first serve basis

Missions Trip Cost: \$268.00

*** Please turn in your Fund or Scholarship request forms at the same time**

REGISTRATION FORM

Student Name _____ *Birthdate:* _____ *Age:* _____

School _____ *Current Grade* _____

Address _____ *City* _____ *State* _____ *Zip* _____

Home Phone _____ *Cell Phone* _____

Parent Name _____ *Home Phone* _____ *Cell Phone* _____

Address _____ *City* _____ *State* _____ *Zip* _____

E-mail Address (Required): _____

Emergency Contact _____ *Phone* _____

My child has permission to participate in the event listed above. My permission is hereby granted to obtain medical attention deemed necessary by the Adult Leaders or medical facility. I grant permission for pictures or videos taken of my child while attending the above event to be displayed or used in future services or promotions. I will assume financial responsibility for damages caused by my child as well as any costs involved in returning early due to disciplinary or medical reasons.

I _____ give my Student _____ Permission to take part in the FCC
(parent/guardian Name) (Students Name) Youth Group
summer missions trip July 22nd- July 28th. I understand that this means we are financially committing to
and setting aside the above dates for the mission trip as well as my students commitment to volunteer during

Parent Signature: _____ *Date:* _____

Students signature indicates their agreeing to follow all travel guidelines. Failure to follow these guidelines may result in loss of travel privileges.

Students Signature: _____ *Date:* _____