

Mission Trip Application.

April 17-24

Personal Information

Name _____ Phone (____) _____
Last First Cell Phone

Grade _____ Birthday _____ Sex (check) Male Female

Parent/Guardian Name _____ Phone (____) _____
Last First Cell Phone

Address _____
Street Address City State Zip

Emergency Contact _____ Phone (____) _____
Cell Phone

Parent Concerns

Please take a moment to state any concerns you may have about the Refuge Mission trip and if you don't have any simply put (none) _____

Parent Commitment

I give my student permission to attend The Refuge Mission Trip on March 31st- April 7th.

I agree to do my part of the commitment for the trip as a means of supporting both my student and the team as a whole.

Parent Name _____

Printed Signature _____

Date _____