

REGISTRATION FORM

JULY 5TH - 10TH, 2020

(TO BE DETERMINED), WEST VIRGINIA



Name: _____

Home Address: _____

City, State, Zip: _____

Phone Numbers

Youth Cell: _____ Can receive text Yes No

Parent Cell: _____ Can receive text Yes No Name _____

Parent Cell: _____ Can receive text Yes No Name _____

Grade: _____

E-mail Addresses

Youth: _____

Parent: _____

Parent: _____

Cancelation Policy:

By signing this form you are making the commitment to attend the 2017 Service Project and all meetings/event in preparation for the Service Project. Except for extremely extenuating circumstances, any Registered Youth who chooses not to participate in the Service Project will be responsible for reimbursing Grace Lutheran the full amounts expended and non-refundable to Grace Lutheran including, but not limited to: registration fees, side trips, transportation, lodging costs, and other expenses incurred by the Youth's decision to withdraw from the trip.

Youth Signature: _____

Parent Signature: _____

Please Submit the registration fee of \$100 along with this form. Scholarship is available.

RETURN COMPLETED FORM AND \$100 DEPOSIT TO PASTOR BY FEBRAURY 1, 2020