

JYF Mission Trip to Baltimore
Registration Form for 6th – 8th graders
Sunday, August 5 – Saturday, August 11, 2012

Name of Youth: _____ Current Grade: _____

Cell phone of youth: _____ Age on August 5, 2012 _____

E-Mail of Youth: _____

E-Mail of Parent: _____
(If you are getting my weekly e-mails just write N/A)

CHECK ALL THAT APPLY:

- I give permission for my child to attend the JYF mission trip to Baltimore from 8/5-8/11/2012.
- My child is participating in 4-H and will attend the mission trip from 8/5-8/7/2012.
- Enclosed is a 2012-2013 BUMC Medical Release Form
- Dietary needs: _____
- Enclosed is the 1st payment of \$100 (totally refundable until May 1).
- Enclosed is the entire amount due of \$ _____ (totally refundable until May 1).
- I will need financial assistance. I can pay _____ of the total cost, and I will help with fundraisers.
- Financial assistance will not be needed.
- My family will help with fundraisers this year
- I would **rather not** help with the fundraising and will pay the entire cost of **\$550**.
- Size of T-shirt (Youth M, L or XL, Adult Small – XXL) _____
- I am interested in chaperoning: _____ (name of parent)

Parent Signature

Date

Questions – Call Cathi’s cell: (908)-240-2060 or email her: cathi@bridgewaterumc.org

*Return to Cathi Reckenbeil ASAP at:
BUMC, Attn: Cathi, 651 Country Club Rd, Bridgewater, NJ 0880*