

Saint John the Baptist Parish 2022 Summer Youth Ministry Mission Trip Registration

Today's Date: _____

Student's Full Name: _____

Date of Birth: _____

Student's t-shirt size (Adult): XS S M L XL XXL XXXL

Family Information

Preferred Family Email Address: _____ Dad's or Mom's ?

Mother's Full Name: _____ Cell Phone: _____

Father's Full Name: _____ Cell Phone: _____

Contact during the Mission Trip (Cell Phone): _____ Dad or Mom?

Are you registered at Saint John the Baptist Parish: Yes No *

**To attend our Summer Mission Trip, your family must be registered here at St. John the Baptist Parish. If you are not registered here, please fill out a parish registration form found on our website (<https://www.sjb-parish.org/our-parish/parish-registration>) and include it with this form.*

Student Information

Grade in school in Fall 2022: _____

Please list any special needs, medical conditions, or allergies your student has:

To attend our Summer Mission Trip, the total cost is expected to be under \$500. It covers the Catholic HEART Workcamp Registration, all meals during Workcamp (except on free day), lodging, Youth Ministry t-shirt, and free day activity.

Cost of transportation to Billings, Montana will be covered through fundraising.

***A deposit of \$100 is required to reserve your student's spot.
This deposit is refundable until March 1st. Full payment is due by April 1st.***

Please return registration form to the Parish Office or email to youthgroup@sjb-parish.org.

Saint John the Baptist Parish 2022 Summer Youth Ministry Mission Trip Deposit Payment

Please fill out this form and have it ready with the payment. You may pay online by going to the Parish website (sjb-parish.org), clicking on "Giving", clicking on "Youth Ministry Mission Trip - 2022"

Print Student(s) First and Last Name and circle the grade they will be in Fall 2022:

_____ 8th Grade 9th Grade 10th Grade 11th Grade 12th Grade

_____ 8th Grade 9th Grade 10th Grade 11th Grade 12th Grade

_____ 8th Grade 9th Grade 10th Grade 11th Grade 12th Grade

_____ 8th Grade 9th Grade 10th Grade 11th Grade 12th Grade

Student	Deposit Fee
	\$100
	\$100
	\$100
	\$100
Grand Total	

Parent First and Last Name: _____

Parent Phone Number: _____

For office use:

Amount Received: _____

Cash Check # _____ CC (*circle one, attach CC receipt*)

Staff Signature and Date

**Make a copy and give to parishioner as a receipt.
Make a copy and give to Youth Ministry office.
Original to Finance.**