

MONDAY, JULY 11 - FRIDAY, JULY 15²⁰²²

Student Information

Student Name: _____ Date of Birth: _____

School: _____ Current Grade: _____

Student T-shirt size (circle one):

Youth M Youth L Adult S Adult M Adult L Adult XL

Parent/Guardian Contact Information

Name(s) : _____

Home Address: _____

Preferred email(s): _____

Cell phone number(s): _____

This trip isn't possible without parent chaperones. Are you able to be one? _____

"I understand that registrations will be accepted on a first come first served basis, with priority given to those eligible youth who have not been on the trip before. I also understand that in submitting the \$100 deposit and registration for my child, I am making a good faith commitment to their participation on the trip, and to my payment of the remaining \$250 by June 1, 2018."

Parent/Guardian Signature: _____ Date: _____

Please Return this form along with your deposit of \$100 to the church office at Fox Point Lutheran Church, 7510 N. Santa Monica Blvd., Fox Point, WI, 53217. Please make checks payable to "Fox Point Lutheran Church".