

June 2-7, 2024 Youth Trip – Chaperone Registration Form

Name: _____ Male Female

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

T-shirt size: _____

Any specific needs/allergies the trip organizers need to be aware of? _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number: _____

Name of Church: _____

Pastor's Name: _____

Name(s) of participants responsible for as a chaperone: _____

As a chaperone, I assume all responsibility and liability for injury to myself while on the trip. I also give Mount Calvary Lutheran Church permission to use any still, audio, and/or video images of me in publicity and news releases.

Signature _____ Date _____

Please return completed form with \$250 deposit (checks payable to Mt. Calvary LYF) to Mount Calvary Lutheran Church, 629 9th Avenue, Brookings, SD 57006.