

St Catherine of Siena Youth Mission Trip 2019

Indianapolis, Indiana

June 9-14, 2019

Name: _____

Parents' Name: _____

Address, City, Zip: _____

Cell Phone: (Parent) _____ (Teen) _____

Teen Email: _____

Teen on Facebook? Yes No

Parent Email: _____

Parent on Facebook? Yes No

Teen Age (as of June 1, 2019): _____ (DOB) _____

- All participants 16 years and older at the time of the trip are required to take PGC (more information to follow)

School Attending (currently) _____ Year in School 2018-19 (freshman, etc.) _____

I am interested in being a Parent Chaperone: _____ Yes _____ No _____ Maybe

Teen T-Shirt Size: S M L XL 2X 3X

Chaperone T-Shirt Size: S M L XL 2X 3X

I have am 16 years or older and have taken Protecting God's Children? _____ Yes _____ No

SIGN AND AGREE: We acknowledge that joining the Mission Team requires attendance at the Training Meetings and participation in all Fundraisers by teens and parents. We realize that we are subject to pay up to an additional \$600 fee if we do not meet this requirement.

Parent and Teen Signature: _____

Will you be available for ALL the training sessions (see attached)? YES NO

If no, please list which dates and explain: _____

Will your family and you be available to help with all the fundraisers? YES NO

If no, please explain: _____

*****Medical Information will be gathered in April*****