

Week of Hope - Minneapolis Registration (\$150 deposit due Oct. 11, 2017)

Student Name: _____ Grade: _____

Primary address _____

Cell phone: _____ Email: _____

Parent/Guardian name: _____

Address (if different than student): _____

Cell phone: _____ Home phone: _____

Email: _____

I am interested in being an adult leader on this trip

Parent/Guardian name: _____

Address (if different than above): _____

Cell phone: _____ Home phone: _____

Email: _____

I am interested in being an adult leader on this trip

YOUTH



Office Use Only:

Non-refundable deposit received _____

Check # _____