

# The Church of Saint Benedict

Meghan Stretar

Youth Minister

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## 2019 Mission Trip Registration Form

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MN Zip: \_\_\_\_\_

Grade during 2018-19 school year: 7 or 8 (please circle)

Registering for: Duluth, Minnesota (Grades 7-8, June 9-14, 2019)

Price of Trip: \$325

Participant: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent #1: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent#2: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

I understand that by signing and submitting this registration form I am committing and registering for the above 2019 St. Benedict's summer mission trip. Accompanying this form is my **NON-REFUNDABLE \$60 deposit**. I also understand that spaces are limited and participants are selected on a first come basis.

Participant Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

By checking this box, I understand that these spaces are pre-purchased to keep down costs. I also understand that I will be financially responsible to the remaining balance of the trip after February 1<sup>st</sup> regardless of any circumstances. This means, the parish will **not** be able to refund **any** of the cost. Thank you for your understanding.

*-OFFICE USE ONLY-*

Deposit Paid: YES NO

Spot Number: \_\_\_\_\_ Cash Check # \_\_\_\_\_ Credit Card

Date: \_\_\_/\_\_\_/\_\_\_\_\_ By: \_\_\_\_\_