

## 2010 Mission Trip Registration Information

Who: 7<sup>th</sup>-12<sup>th</sup> graders (as of 2009-2010 school year)

When: July 10-18, 2010 (this includes travel days)

Where: Billings, Montana

Cost: \$315\*\* + travel expenses (approx. \$150/person)

\$90 non-refundable deposit (due February 17, 2010)

\$75 (due March 1, 2010)

\$150 (due April 1, 2010)

Please note: Registration refunds (minus the \$90 deposit) are only available if you cancel at least 40 days prior to the first day of your assigned camp or if you find someone to take your place.

Each participant is asked to help defray the transportation costs which are NOT included in the cost of the trip. Youth who participate in fundraising events will receive a percentage of the proceeds toward his/her expected contribution.

**Deadline to register: February 17, 2010**

\*\*If you are financially unable to pay for this trip, please contact:

Stephanie Crowley, Coordinator of Youth Ministry & Confirmation

952-442-3708

[scrowley@stjosephwaconia.org](mailto:scrowley@stjosephwaconia.org)

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## 2010 Mission Trip Registration Form

I, \_\_\_\_\_ (Parent's Name), would like my child \_\_\_\_\_  
(child's name) to attend the Catholic Heart Workcamp mission trip to Billings, Montana from July 10 through July 18, 2010 with St. Joseph's Youth Ministry. My child is \_\_\_\_\_ years old and in \_\_\_\_\_ grade this year at \_\_\_\_\_ School.

**By signing below, I agree to pay the full cost of the trip (\$315) as outlined above. I recognize that the \$90 deposit is non-refundable. My child will contribute toward his/her expected amount of the transportation costs.**

Check the appropriate box

I would like  I would not like ... to be a chaperone for this trip.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name