

**JH SUMMER MISSION TRIP 2009
REGISTRATION FORM/APPLICATION ON REVERSE SIDE**

Student Information:

Last Name: _____

First Name: _____

Age: _____ Fall '09 Grade: _____ Gender: M or F

Address: _____

City: _____ State: _____

Zip _____ *Calvary Med Release Y or N

Emergency Contact Info:

Father/Guardian: _____

Address: _____

City: _____ State: _____

Zip _____

Phone: _____ Cell: _____

Work: _____

Mother/Guardian: _____

Address: _____

City: _____ State: _____

Zip _____

Phone: _____ Cell: _____

Work: _____

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APPLICATION

Please Circle Answer:

Has your attendance been consistent at SiX33? Yes or No

How many Junior High service projects have you been a part of at Calvary Church? _____

What Junior High Service Project/Projects were you apart of?

Why do you think we make Service Projects available to you the student?

Why do you want to go on this Mission Trip?

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