

Participate Name: _____ Date of Birth: _____

2017 St. Isidore Youth NCYC Trip

Thursday, November 16-Sunday, November 19, 2017
Indianapolis, IN

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-mail Address: _____

Cell Phone: _____ TEXT: Yes/No

T-shirt size: S M L XL XXL

Most effective way to communicate with you:

Mail

E-mail

Home Phone

Cell Phone

If something comes up that I need to get in contact with you (the participate) this is the form of communication I will be using.

Parent/Guardian Names:

Contact 1: _____ Number: _____

Contact 2: _____ Number: _____

Deposit- \$100 by all participates, including adult chaperones. If you are unable to participate in MOST service/fundraising activities, you will be asked to pay more.

PAYMENT SCHEDULE:

Approximate Cost: \$550.00 per person

- Deposit due by November 15, 2016 (non-refundable) \$100.00
- Payment due by March 15, 2017 (non-refundable) \$150.00
- Payment due by June 15, 2017 for those not fundraising \$150.00
- Payment due by August 15, 2017 for those not fundraising \$150.00

Meals are at your own expense, suggestion is \$25.00 per day. You can bring along your own snacks to cut the price down.

Price includes: Transportation, Registration, Lodging, 2 t-shirts, Thursday evening meal, and other miscellaneous expenses.

TURN OVER ➡

Participant Commitment:

It is my understanding that in signing this agreement I am committing to:

- A.) Following through with the agreed activities, including fundraising and meetings that will be planned in preparing for the NCYC trip.
- B.) Demonstrate our living faith, by my actions and words.
- C.) Follow all rules and guidelines that will be set as we prepare and participate in this trip.
- D.) Maintain communication with the coordinator as we are working together to attend this trip.

I also understand that it is my family's responsibility to pay all set fees as outlined on the payment schedule.

Parental/Guardian Commitment:

I, as the parent/guardian to this participant, agree to help this participant fulfill all the required commitments to the best of my ability. I also make myself available for communication with the coordinator when necessary.

Coordinator Commitment:

The coordinators commit to:

- A.) Planning all events to the best of my ability.
- B.) Maintaining my responsibility to demonstrate our living faith, by my actions and words.
- C.) Being available for the participant and the participants parents/guardians to contact anytime. In doing this, I will be contacting every participant at least once a month via newsletter, email, or home phone in order to maintain an active line of communication with the participants as we work together to attend this trip.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____