



Date Form is Due: November 3, 2019
Date Form Received _____
Date Non-Refundable Deposit Received _____

Catholic Youth Mission Trips Youth Sign up Sheet 2020

Parish I am a member of: _____

Male Female

I am interested in becoming a youth core team member:

Name: _____ Date of Birth: _____

Address: _____
Street City Zip

Home Phone #: _____ Cell Phone #: _____ Grade: _____

I can receive texts. (check one) Yes ___ No ___ I can receive emails. (check one) Yes ___ No ___

Youth's email _____ (emails will be cc'd to parent if address provided)

Father's Name: _____ Father's Phone #: _____

Father's Address: _____

Father's Email: _____

Mother's Name: _____ Mother's Phone #: _____

Mother's Address: _____

Mother's Email: _____

T-Shirt Size: S M L XL XXL

Have you been on a Catholic Youth Mission Trip before? If so, which one(s) and when?

Freshman year: _____ Sophomore year: _____ Junior year: _____

Archdiocese of Milwaukee, Release of Information, Photography & Video Consent

I, the parent/legal guardian listed on this form, hereby consent that any still or electronic image and/or audio recording, in which I or my child(ren) listed above may appear, may be used by Catholic Youth Mission Trips of West Bend - Newburg and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for the promotion of Catholic Youth Mission Trips of West Bend - Newburg and/or the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization, and other communication efforts. I release the staff and volunteers and I understand and agree that the use of my picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to the Archdiocese's use of this/these photographs.

I have been informed of the commitment level required to participate in the Catholic Youth Mission Trips. I have received, read and understand the immersion trip guidelines, rules and regulations, and all other information contained in the packet. I agree to follow them as well as attend all meetings and fundraisers required of me through the program. Failure to comply puts me at risk of being removed from the program and forfeit any fees already paid.

Please contact me to discuss financial assistance.

Youth Signature: _____ Date: _____

Parent Signature: _____ Date: _____