

Hoyleton Buddies Mission Experience GROUP REGISTRATION FORM

POSTMARK BY FRIDAY - JUNE 15, 2018

Church & City _____ Phone (_____) _____

Contact _____ Position _____

Day Phone (_____) _____ Evening Phone (_____) _____

E-mail Address _____

Please **PRINT** the information indicated for each person attending.

List **YOUTH** Participants on the FRONT side and **ADULT** Chaperones on the BACK side.

Youth Participants

| | NAME | Fee Paid | Gender | Grade in School | Registration & Health Info Form | Permission & Auth. | Youth Covenant |
|-----|------|----------|--------|-----------------|---------------------------------|--------------------|----------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |
| 15. | | | | | | | |

TOTAL NUMBER OF YOUTH PARTICIPANTS _____

CONTINUED ON BACK

Please **PRINT** the information indicated for each person attending.

List **YOUTH** Participants on the **FRONT** side and **ADULT** Chaperones on the **BACK** side.

| | NAME | Registration Permission | | | | | | |
|-------------------------|------|-------------------------|--------|--------------------|-----------------|----------------|-------------|----------------------|
| | | Fee Paid | Gender | & Health Info Form | & Authorization | Adult Covenant | DCFS Report | Disclosure Statement |
| Adult Chaperones | 1. | | | | | | | |
| | 2. | | | | | | | |
| | 3. | | | | | | | |
| | 4. | | | | | | | |
| | 5. | | | | | | | |

TOTAL NUMBER OF ADULT CHAPERONES _____

Male/Female Chaperone (age 21+) Coverage:

If you do not have the appropriate chaperone coverage (1 male adult per 1-7 male youth, 1 female adult per 1-7 female youth), please explain coverage plans on a separate sheet of paper.

TOTAL NUMBER of YOUTH & ADULTS: _____ @ \$140 = _____

Deposit Paid = _____

Balance Due = _____

Make Check Payable to: DuBois Center

MAIL TOTAL DUE AND ALL REQUIRED FORMS TO:

DuBois Center • 2651 Quarry Road • DuBois IL 62831