

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