

Registration Form



Seattle 2014 July 27 - August 1

Service Trip For Senior High Students Grades 9-12

Contact Information

Congregation name _____

Contact person _____

Contact person's mailing address _____

City _____ State _____ Zip+4 _____

Phone _____ Email _____

Number Attending

Male youth _____

Female youth _____

Male adult(s) _____

Female adult(s) _____

Total _____

(Please list participants on the back)

For each group, send a completed registration form (no phone calls, please) with your non-refundable deposit of \$100 per person. Please check your method of payment.

- Check or money order payable to METIGOSHE MINISTRIES
- Visa
- MasterCard

**Mail completed
registration & deposit to:
Metigoshe Ministries
10605 Lake Loop Rd E
Bottineau ND 58318-8055**

Exp. Date

Month	Year		

Credit Card Number																			

Cardholder Signature

Seattle City Trek

- Register as a group, not individuals
- Follow the payment plan to the right. To assure your group's reservation, payments must be paid by the deadlines.
- All payments are non-refundable.
- In case of cancellations, payments may be transferred to replacement campers, but cannot be used toward either group balances due or individual camper balances.

Payment Plan for Seattle 2014

December 15, 2013	\$100/person
February 13, 2014	\$350/person
<u>April 17, 2014</u>	<u>\$285/person (Remaining Balance)</u>
TOTAL	\$735 per person

Participants

Please complete for each participant and return to Metigoshe Ministries. Be sure to complete ALL information and print legibly. Make additional copies if necessary.

First Name _____ Last Name _____ Male or Female _____

Birthdate ____/____/____ Age _____ Father's First and Last Name _____

Mother's First and Last Name _____ Best Phone Number to Call _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address of Best Contact Person _____ Guardian Signature _____

First Name _____ Last Name _____ Male or Female _____

Birthdate ____/____/____ Age _____ Father's First and Last Name _____

Mother's First and Last Name _____ Best Phone Number to Call _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address of Best Contact Person _____ Guardian Signature _____

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For Office Use Only - Date Received _____ Check # _____ Amount \$ _____

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