

Memphis Youth Mission
BMPC High School Youth Mission Trip
July 23rd – 28th 2017
(For those now in 8-12 grade)

<https://memphis.youthmissionco.org/>

Your Total Cost \$300*

with early bird discount if registration and deposit
received by 3pm on 1/30/17.

Total Costs if registration complete *after 1/30/17* is **\$350**

**\$150 (discounted) non-refundable deposit & registration
due by 3pm on January 30th**

Deposits received after 1/30/17 are \$175

\$150 balance due by March 16th

Make checks payable to BMPC with “Memphis Youth Mission” in memo line.

*Scholarship ALWAYS available by contacting Berry BEFORE Jan 25

PLEASE NOTE- The total cost of each youth for Memphis Youth Mission is actually over \$400 per person. The potato lunch funds and church mission funds help to pay \$100 per person. **We expect all trip participants and families to participate in Potato Lunch: March 5th.**

Summer in Review worship service will be late Aug, youth attending summer trips are **expected to participate in worship service on August 27th.**

If you cannot make final payment by March 16th, please contact Berry to discuss scholarship money and/or payment schedule.

Every youth is welcome on all trips, regardless of ability to pay.

Spaces will not be held for youth who have not made deposit.

**BMPC Memphis Youth Mission Trip
Sun. July 23 – Friday July 28
Registration and Medical Release**

Name _____

Phone _____

School and Grade _____

Parents Names _____

Cell phone: _____

Email: _____

Health Information

Current Medications _____

allergies _____

Name of Insured _____

Medical Insurance Co. _____ Policy ID number _____

Group Number _____ Physician name and number _____

In the event that a parent cannot be reached, please contact the following in case of an emergency

_____	_____
Name/relationship	cell phone

We/I do hereby acknowledge that our son/daughter, has permission to attend Memphis Youth Mission Trip, Sun. July 23 – Friday July 28. I do hereby release Black Mountain Presbyterian Church and the accompanying adult advisors from any legal liability or financial responsibility which may arise during the course of the function. I hereby authorize emergency treatment as deemed necessary in the event I cannot be contacted immediately.

Signature of parent/guardian _____ date _____

RETURN THIS FORM AND \$150 TO CHURCH OFFICE by Jan 30th 2017 to complete registration.