



PROJECT F.U.N Youth Trip Application



Please fill out application carefully and completely.

Return this application to your group coordinator with a \$25 non-refundable deposit.

PLEASE PRINT LEGIBLY

APPLICANT NAME _____

PHONE NUMBERS

(____) _____ (HOME) (____) _____ (CELL)

E-MAIL ADDRESS _____

ADDRESS _____

CITY/STATE/ZIP _____

BIRTH DATE: _____ GENDER (circle one): MALE FEMALE

GRADE IN SCHOOL (circle one): 9 10 11 12

CATEGORY (circle one): STUDENT YOUTH WORKER GROUP COORDINATOR

(ONE PER GROUP)

GROUP COORDINATOR'S NAME:

CHURCH NAME: _____

CHURCH ADDRESS _____

CITY/STATE/ZIP _____

CHURCH PHONE: _____ CHURCH FAX: _____

STUDENTS, PLEASE READ AND SIGN:

I understand that as an attendee at Project Forget Us Not, I am expected to act responsibly, and always obey the leadership attending with me from my church as well as the leadership of the Project Forget Us Not. I understand that in so doing I help make it possible for all attendees to have a fun, safe, and spiritually growing experience.

SIGNED: _____ DATE: _____