



St. Gregory of Nyssa Teen Mission Trip Registration 2024-2025

Teen Information:

Name: _____ Preferred Name: _____
Address: _____ City: _____ Zip Code: _____
Birthday (MM/DD/YYYY) _____ T-Shirt Size (adult sizing) _____
High School & Year in school _____
Allergies & Dietary Restrictions: _____
Please list the medical insurance carrier you are covered under _____
Please check this box if you may need financial assistance & would like to be contacted

Methods of Communication

Teen cell phone number: _____
PARENTS: Is it OK for the Group Leaders to text and/or email your teen? _____
Teen email address: _____

Parent & Emergency Contact Information

Guardians are added to a contact list to improve communication between the ministry & families
Guardian #1: _____ Relationship to teen: _____
Cell Phone #: _____ Email Address: _____
Guardian #2: _____ Relationship to teen: _____
Cell Phone #: _____ Email Address: _____

YOUR Commitment:

We, the teen and guardian(s), understand that being a member of the Teen Mission Trip Ministry is making a commitment of time and money to the ministry and its other members. By signing this form, you are committing to attending all meetings and events, as well as the payment schedule. Like any high school sport, club, or activity, participants are required to attend practices or meetings. We are building a team that will work together to serve others & make homes safer. To secure your commitment, a \$100 deposit and photo copy of insurance is required. Teens who sign up BEFORE October 6, 2024 will receive a free TMT T-shirt!

I understand the above statement & am making a commitment to The Teen Mission Trip 2024-2025.

Teen signature _____ Date _____
Parent signature _____ Date _____

