

2015 SUMMER MISSION TRIP REGISTRATION

Student Name: _____

Student Phone: _____ Student Email: _____

Receive Texts? Y / N

Student Grade: _____ Student Birthdate: _____

Home Address: _____
Street Address Apt # City Zip

I have included the following COMPLETED forms (with proper signatures!!):

- ☐ LHC Medical Consent
- ☐ LHC Scholarship Application (if needed)

Tom and Leigh,

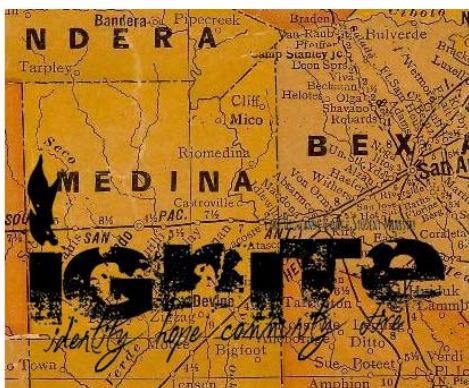
I commit to:

- *working hard and being Jesus to the residents at the Arms of Hope while they are hosting us on their campus*
- *demonstrating excellent behavior as we tour San Antonio*
- *staying in groups of three or more*
- *observing the rules set by the bus driver and adult leaders*
- *being flexible in all situations*
- *making payments on time*
- *arriving on time for the bus (every time)*
- *being prepared by packing everything I need for the trip and keeping up with my things while on the trip*
- *praying for this trip before, during and afterwards*
- *allowing God to use me to bless others.*

Student Signature: _____

Parent Signature: _____

Date: _____



2015 SUMMER MISSION TRIP

WHAT: Work Project & Conducting Outreach Type Activities with Children

WHERE: Arms of Hope - Medina, TX (Medina Childrens Home)

AGES: Current 7th grade - Graduated Seniors

WHEN: Leave - Monday, June 22. Be at LHC by 6:45 a.m.

Return - Saturday, June 27. Arrive approximately 9:30-10:00 p.m.

COST: \$160

Down Payment \$60 May 13 (along with all signed forms)

Final Payment \$100 June 10

COST INCLUDES:

Lodging and meals every day, Sea World Ticket, and Bus Transportation.

COST DOES NOT INCLUDE:

1 meal on the road (lunch on Friday), extra snacks, river boat tours or any other cost while in downtown San Antonio and souvenirs.

SAMPLE AGENDA:

Monday, June 22		10:00 PM Campus curfew every night
6:45 AM	Students Arrive at LHC	
7:00 AM	Load up and Leave	
11:30 AM	Group arrive - Lunch	
1:00 PM	Welcome to Campus in Chapel	
2:00 PM	Work assignment	
6:00 PM	Dinner in Cottages	
Tuesday, June 23		
7:30 AM	Breakfast	
8:00 AM	Devotional Moment	
8:30 AM	Work assignment	
12:00 PM	Lunch	
1:30 PM	Work assignment / Activity/Devotional	
6:00 PM	Cookout	
7:30 PM	Visit with Kids/Play	
Wednesday, June 24		
7:30 AM	Breakfast	
8:00 AM	Devotional Moment	
8:30 AM	Work assignment	
12:00 PM	Lunch	
1:30 PM	Work assignment / Activity/Devotional	
4:40 PM	Lead Devotional/Worship	
5:30 PM	Dinner	
7:00 PM	Visit with Kids/Play	
Thursday, June 25		
7:30 AM	Breakfast	
8:00 AM	Devotional Moment	
8:30 AM	Work assignment	
12:00 PM	Lunch	
1:30 PM	Work assignment / Activity/Devotional	
6:00 PM	Dinner	
7:00 PM	Lead Game Night	
Friday, June 26		
7:30 AM	Breakfast	
8:00 AM	Clean up Hospitality	
9:00 AM	Depart for San Antonio, Texas	
11:00 AM	Arrive in downtown San Antonio, Texas	
	Spend Afternoon touring downtown	
	Authentic Mexican Food Dinner	
	Stay overnight at the Hampton Inn	
	Processing Time in the Evening	
Saturday, June 27		
7:30 AM	Breakfast	
8:30 AM	Depart for Sea World	
9:00 AM	Spend Day at Sea World	
6:00 PM	Leave Sea World and head home	

MEDICAL CONSENT

I, _____, am the mother / father / legal guardian of _____, a minor. I hereby give and grant my full permission and authority to any Lake Highlands Church staff member or trip chaperone/sponsor to exercise care and control over my child, and to consent to medical treatment of my child while my child is on any trip or outing sponsored by the Lake Highlands Church of Dallas, Texas. This grant of permission and authority extends to both emergency and non-emergency treatment decisions that may need to be made on behalf of my child in case of any illness or injury, to be administered by such medical institutions and medical professionals as may be selected by the aforementioned staff member or trip chaperone/sponsor, including any procedure that such medical institutions and medical professionals deem advisable in attempting to relieve an emergency condition or any related unhealthy condition that may be encountered during any necessary operation.

I agree that the Lake Highlands Church, staff members and trip chaperones/sponsors shall not be held responsible for any accident which might occur in connection with this trip.

Parent's signature

Date

Insurance Company Name _____

Insurance Policy Number _____

Parents phone # (s) _____
Receive Texts? Y / N



EVENT: 2015 Summer Mission Trip June 22-27 @ Arms Of Hope – Medina, Texas

COST: \$160.00 **Registration deadline is May 13, 2015**

We recognize that families may experience difficult economic times at some point or another. It is our desire for every student to be able to attend the Ignite Student Ministry retreats, camps and mission trips despite their economic situation.

To this end, we offer partial scholarships and payment plans to meet the family needs. We do ask that you prayerfully consider how much you can contribute in order to stretch our budget to allow for other students to receive scholarships. **To receive assistance this application must be completed and signed by a parent.**

Student's Name: _____

Parent's Name: _____

Home Address: _____

City: _____ Zip: _____

Parent Phone #: _____ Student Phone #: _____
Receive Texts? Y / N Receive Texts? Y / N

Parent Email Address: _____

Student Email Address: _____

I am able to make small regular payments to cover the trip cost.

I can make payments of \$_____ every week or every other week until paid in full.

I cannot afford to pay for the entire trip balance. I am requesting a partial scholarship.

I can pay a total of \$_____ (minimum of \$30) towards the trip cost. I am requesting a scholarship for the balance.

Please list any current financial hardships that should be considered as this request is being processed

Parent Signature: _____