

Guatemala 2010

Youth Mission Adventure

Information Packet

Delegate/Sponsor Commitment Form

Personal Information

Legal Name (no nicknames, please) _____

Address _____ State _____ Zip _____

Home Phone (____) _____ - _____ Gender M F Age _____ Birthdate _____

Grade in school _____ School you are currently attending _____

School Address (if boarding school) _____

School Phone (if boarding school) _____

Parent(s) names and address (required for all delegates) _____

Home Church _____

Skills or Interests (this helps with planning) _____

Delegate/Sponsor Consent

I understand that this Youth Mission Adventure is a project that will require my complete dedication, both in the fundraising and in the development project, etc. I have read the information materials and am applying to be one of the delegates.

Delegate/Sponsor Signature: _____

Parental Consent (Required for those under 18 years of age.)

I would like _____ to be a delegate for the 2008 Upper Columbia Conference Youth Mission Adventure to Guatemala. I give him/her permission to travel with this group.

Parent Signature _____

(Parent signature must be notarized if the delegate is under 18 years of age.)

Notarized by _____ Date _____

Witness(es) _____

Upper Columbia Conference Youth Mission Adventure
P.O. Box 19039, Spokane, WA 99219
(509) 838.2761