

Mission Adventures 2010

Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

School Phone: _____ Gender: _____ Age: _____

Parents Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Signature: _____

Pastor/Chaplain Signature: _____

School Registrar Signature: _____

(permission to miss school days)

Special interests or skills: _____

Delegate Consent

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

Signature: _____ Date: _____

Please include a \$150 deposit with this application. Check Visa Mastercard

Name on Card: _____ Zip Code: _____

Card Number: _____ Exp. Date: _____

Signature: _____

Questions?

Contact Christina Soule at (509) 838-2761.

Please fax to (509) 838-4882 or mail to

Upper Columbia Conference, Youth Dept.

P. O. Box 19039

Spokane, WA 99219