

# June 2-7, 2024 Kentucky Trip – Adult Registration Form

Name: \_\_\_\_\_  Male  Female

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Any specific needs/allergies the trip organizers need to be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I'd like to stay with the group in the dorms on Sunday and Monday.

I'd like more information about the cost of staying in a hotel on Sunday and Monday.

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

I assume all responsibility and liability for injury to myself while on the trip. I also give Mount Calvary Lutheran Church permission to use any still, audio, and/or video images of me in publicity and news releases.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return completed form with \$250 deposit (checks payable to Mt. Calvary LYF) to Mount Calvary Lutheran Church, 629 9<sup>th</sup> Avenue, Brookings, SD 57006.*