

YOCAMA MISSIONARY APPLICATION TO PARTICIPATE IN MISSION

Please specify which mission trip you plan to attend (Montana, New Mexico)

1st choice _____ 2nd choice _____ (2nd choices will be placed on waiting list)

Will you be traveling with YOCAMA via Amtrak or you own arranged transportation? Amtrak Own arranged
If you are traveling via your own transportation you must let us know your itinerary **BEFORE YOU BOOK!** This is because we may need to arrange your pick up from the airport. Failure to do so will make it difficult to provide transportation. You must fly into Albuquerque, NM or Great Falls, MT.

Name: _____

Birthdate: ____/____/____ year Gender: M F (circle one)

Home Address: _____
Street

City _____ State _____ Zip _____

Email Address: _____

Phone: _____ Missionary cell phone number: _____

Parish Name: _____ City: _____ State: _____

Parent or guardian(s) _____

Phone (____) _____ H ____ W ____ Cell or other _____

Parent or guardian(s) _____ Phone (____) _____ H ____ W ____ Cell _____

For Adults Only (18 years old and over): I have arranged with the YOCAMA TO BE A (circle all that applies):

Chaperone Builder Staff Member Driver Cook Counselor

Medical Team (what specialty i.e., dental, doctor, nurse) _____

and Other _____

YOCAMA Conditions of Registration

- I have completed a registration form
- I have included a \$100.00 non-refundable deposit for each week, along with the registration form.
- I will provide completed health form due June 1st, 2014
- I understand that balance of fees be paid by June 1st 2014.
- I understand that if I need to cancel, half the trip fee will not be refunded once the Amtrak tickets are purchased (1 month before the trip).
- If understand that if I cancel less than 1 month before the trip, I may be reimbursed if I find someone to take my place.
- I understand that my child must follow YOCAMA rules to protect the health, safety and rights of others.
- I understand that I may be contacted regarding my child's infractions of the rules and may have to incur the cost of sending the child home.
- I give permission for any photos taken of my child to be used for promotional use
- I agree with the stated information regarding program fees and refund policy.
- I acknowledge that YOCAMA is not responsible for lost or stolen property
- I acknowledge that YOCAMA reserves the right to refuse any application

X _____ Date ____/____/____

Signature of Missionary and/or Parent/Guardian