



DARE TO CARE

REGISTRATION FORM WORK CAMP



Join us for Catholic Heart Work Camp

June 25- June 30, 2017

Cumberland Maryland

Base Site: Bishop Walsh School
700 Bishop Walsh Road
Cumberland MD 21502



Help us to help others!!

Registration Form—PLEASE PRINT

Participants Name: _____ **T-SHIRT SIZE** _____

Must be entering 8th thru 12th grade as of Fall 2017

Participants Name: _____ **T-SHIRT SIZE** _____

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Young Adults Name: _____ **T-SHIRT SIZE** _____

18 – 20 years of age (must be STAND certified)

Chaperone/Drivers Name: _____ **T-SHIRT SIZE** _____

Adults over 21 (must be STAND certified)

Yes, I can drive _____ **# of seat belts:** _____ **Vehicle type:** _____

Chaperone/Drivers Name: _____ **T-SHIRT SIZE** _____

Adults over 21 (must be STAND certified)

Yes, I can drive _____ **# of seat belts:** _____ **Vehicle type:** _____

Adult/Parent/Guardian and Billing Information: Print Clearly

Name: _____

ADDRESS, CSZ: _____

PHONE #: _____ **Cell#:** _____

E-mail: _____

I have read and understand the information sheet and I will abide by the statements listed on the information sheet.

Parent Signature: _____ **Date** _____

Work Camp Registration and Other Important Information

Keep this form for your reference!!!

Information about the Trip:

A deposit must be given from our YM budget by early September to make sure we can get the area we requested. Therefore money must be put out before we collect any funds.

This causes a hardship on the parish financially and that is why it is so important to pay for this trip as soon as possible. The total cost does not include transportation cost, fun day cost and the cost for the adult drivers/chaperones. We do fund raisers to help offset the cost so please support these activities and volunteer to help. Also the parish has a second collection in May.

To Reserve your spot:

COMPLETED REGISTRATION FORM WITH A DEPOSIT OF \$90.00 BY NOVEMBER 1, 2016 TO SECURE YOUR SPOT

Registration Form Must Be Completed with all information requested

This form must be signed by a parent or guardian to complete the registration

Please note that until we receive the deposit for your teen, even though you have given a verbal yes, they will not officially be put on the roster and the spot will remain open.

Cost of the Trip:

Cost per participant--\$290.00 Total Cost--\$345.00 per participant (difference subsidized by Parish)

Deposit per participant of \$90.00 (non-refundable) or full payment must accompany this form

If not paid in full—monthly invoices will be mailed. Final payment is expected by due date of April 1, 2017

Delinquent Accounts—after two (2) months with no response a meeting will be scheduled with Fr. Kunkel and a member of the Finance Ministry.

Any questions about payment call Barbara Sadler at 410-452-5166 ext. 22 or barbara_stmarys@yahoo.com

Upon request you may receive a sponsor letter to ask friends/family/businesses to help defray your cost of the trip.

All other necessary forms:

Registration Packet will be distributed by the middle of February and must be completed and returned no later than April 1, 2017.

All Forms and payment:

Return to the Youth Ministry Mailbox in the Parish Office.

Any questions:

Call Rachel Bittner at (w) 410-879-4015 ext. 23 or (c) 717-947-0170 or nbittner@hotmail.com

Remember:

Sign the Dare to Care registration form and return the forms by the due date!!!