



June 27-
July 2

TRIP PARTICIPANTS MUST:

- be exiting the 6th-8th grades. (Or a sponsor of course)
- be willing to help in any way possible to accomplish our goals.
- not complain
- be flexible. It is a mission trip you know...

ALL FORMS & PAYMENTS ARE DUE BY: June 1st

COST:
\$165

COST INCLUDES:

- transportation
- lodging
- food (Monday- Friday breakfast)
- activities
- projects

COST DOES NOT INCLUDE:

- Meals during travel (4 meals)

DEPART/ARRIVE:

Depart: Sunday, June 27th at 3pm (sharp). Be here at 2:30pm.
Arrive: Friday, July 2 at 7pm

MISSION:

We will be working with Operation Breakthrough. They work with over 600 children daily from different cultures and economic backgrounds, as well as work projects.

LODGING:

We will be lodging at Kansas City Church of the Nazarene:
11811 State Line Rd, Kansas City, MO 64114 | 816-942-9022

PLEASE BRING:

You will need to provide your own sleeping bag and personal items. Work clothes, Bible, journal, casual clothes, and any other spending money. Operation Breakthrough has asked us to dress modestly, no short shorts or string tops, please!



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Registration and Legal Release

NAME: _____
 GRAD YEAR: _____
 ADDRESS: _____

 CITY STATE ZIP

PHONE: _____
 EMAIL: _____
 PARENT(S) _____

LEGAL RELEASE

I understand that safety, community and high moral standards are crucial to our self-understanding as the people of God and to the success of our ministries. I also understand my responsibility to myself, to others, to my church and to our God as a member of or participant in this community of faith. As a participant in this activity, I voluntarily submit myself to the authority of my pastors and adult staff. I agree that I will strive to conduct myself in a way that obeys the law, conforms to the rules governing this activity and honors God. And in the spirit of community, I give the youth pastor or an adult chosen by the youth pastor permission to search my belongings at any time he (she) deems necessary. If any banned substance or object* is found, I understand that following the youth pastors' conversation with me and my parent(s) or guardian(s), I will be sent home at my parent'(s) or guardian'(s) expense. If I refuse to allow the search, I will be sent home at my parent'(s) or guardian'(s) expense.

 Student Signature, Date Parent Signature, Date

*Banned objects or substances include by are not limited to pornography, fireworks, weapons, illicit drugs or drug paraphernalia, tobacco products or anything deemed to be detrimental to the physical, mental or spiritual health of the individual.

Medical Release

NAME: _____
 HOME PHONE# _____
 PARENT(S) WORK PHONE #(S) _____

 PERSON(S) TO NOTIFY IN CASE OF EMERGENCY:

PERTINENT MEDICAL INFORMATION:

INSURANCE COMPANY: _____
 POLICY #: _____

In case of emergency where medical treatment is required, I hereby grant permission to the licensed physician selected by a church staff member or adult sponsor to hospitalize, secure treatment for, and to order injections, anesthesia, and/or surgery for the teen whose name is listed above. I understand that every attempt will be made to notify me (us) immediately concerning such an emergency.

 Signature of Parent or Guardian (if under 18) Date

 Witness Date