

# grace students middleschool

## COLUMBUS MISSION TRIP 2019

This Summer our students will be heading to Columbus. This trip is designed for students who are willing to step out of their comfort zone for a few days to serve God by loving people. No previous mission trip experience required. The trip is the perfect opportunity for students to learn what it looks like to put other people first.

We will be partnering with Three Creeks Church, a young church located in Gahanna led by Pastor Joel Trainer.

We hope that you would consider being a part of this trip and we're excited to see what God does in your life this summer!

## LOCATION:

Columbus, OH

## DATES:

JULY 10-14

## ELIGIBILITY:

Any student currently in 6th - 7th grades

## COST:

\$95 (Adult Leader - \$50)

(FREE if attending Middle School Camp)

## APPLICATION DUE:

April 14

## PRICE BREAKDOWN

**PIZZA SALES:** Students wanting church scholarship must sell 5 pizzas totaling \$25 toward trip. Pizza making is April 6.

**SCHOLARSHIP:** If you plan to attend both our Middle School Camp at Camp Carl and the Columbus Missions Trip, the total cost will be \$400.

**CONTACT** Sean Snyder (ssnyder@woostergrace.org or 330.264.9459 x223) with any questions.

**FOR QUESTIONS REGARDING PAYMENT,** contact Cathy Simms at 330.264.9459 x260.

**ALL PAYMENT DUE BY MAY 31** Make Checks payable to Grace Church or pay online at [woostergracestudents.org](http://woostergracestudents.org)

## PARENT FACTS

**PIZZA MAKING** – April 6 at 8am

**6TH GRADE PARENT INFORMATION MEETING** - April 14 at 11:30am

**MS SUMMER TRIP PARENT MEETING** May 15 at 7:15pm

**FAMILY COMMISSIONING** - July 10 at 6pm

**\*COLUMBUS TRIP TRAINING** - June 19 at 6:00-7:30pm

**\*ALL EVENTS IN THE SMC**

# COLUMBUS TRIP 2019

## Application Page 1

Due to Grace Students by April 14

### PARTICIPANT INFORMATION

Name (Last, First, M.I.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Grade \_\_\_\_\_ Age \_\_\_\_\_ Shirt Size \_\_\_\_\_ School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### EMERGENCY INFORMATION

Name (Relationship, Phone) \_\_\_\_\_

Name (Relationship, Phone) \_\_\_\_\_

Name (Relationship, Phone) \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

How do you anticipate this trip changing your student?

Give us one strength and one weakness to be aware of in your student:

Do you fully support the GS leadership to make decisions in place of you on this trip?

### MEDICAL RELEASE

In consideration of the acceptance of the entry into Grace Student Ministry Mission Trip, I do hereby, for myself, my heirs, executors, and administrators, waive and release all right and claim for damages I may have against Grace Church, and any additional hosts, sponsors, or their respective officers, agents, representatives, successors and/or assigns for any and all illness, injuries or damages sustained or suffered by my child in said association with, or entry in and/or arising out of his/her participation in the Mission Trip. I attest that I have full knowledge of the risks involved and if I am unable to be reached, I authorize that Grace Church leadership use their best judgment in acting on behalf of my child, including the administration of emergency medical treatment by available medical personnel. I will hold the medical personnel, the leaders, and Grace Church harmless of their action in such a situation. I will also not hold Grace Church responsible for any items that are stolen from my child during this trip.

Student's Name:	Medical Plan:
Allergies:	Policy Number:
	Last Tetanus
Parent Signature:	Date: