

New Orleans

2012

MISSION TRIP

Spring Break
March 11-16

NORTH HIGHLANDS BIBLE CHURCH

Reserve Your Spot!

Fill out the other side of this panel and get it to Brent or Amy Erschen with a \$50 deposit. (due by Sunday, February 5th)

SIGN UP INFO

Name: _____

Address: _____

City: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

email: _____

SERVICE INTERESTS

Pick 3 in order of interest (1 2 3)

Evangelism

Crafts

Drama

Music

Bible Lessons

Games

Food

Work Projects

North Highlands Bible Church

2012 New Orleans Mission Trip

Name of Student/Participant _____

Parent or Guardian to contact in case of emergency:

Name _____

Home Phone _____ Cell Phone _____

_____ has my permission to attend the New Orleans Missions Trip on the March 11th - 16th with the youth from North Highlands Bible Church. I will not hold NHBC, or any representative of North Highlands Bible Church, responsible for any injury my student might incur while being transported to and from this activity or during our time at the site. Also, in case of emergency, I give permission to Jim Cocke or or any other NHBC representative to contact a physician of their choice and transport my son or daughter by ambulance or private vehicle to the emergency room of the nearest hospital. I also give my consent to any and all necessary treatment for my child.

_____/_____
Parent's or Guardian's signature / Date

For hospital information: This student is covered by medical insurance as follows:

Insurance under the name _____

Policy # _____ with _____
name of insurance company

Any special medical conditions/allergies to be aware of:
