

CROSS TRAILS MINISTRY

PUERTO RICO EXPEDITION 2019

REGISTRATION FORM

Thank you for your interest in a Cross Trails Expedition! You can register by filling out and sending this form and payment to: *Cross Trails Ministry, 391 Upper Turtle Creek Rd., Kerrville, Texas, 78028*. Once we receive your registration and deposit payment, you will receive a confirmation email.

*Participant's Last Name: _____

*Participant's First Name: _____

Mailing Address: _____

City/State/Zip: _____

*Email: _____ *Home/Cell Phone: _____

*Sex: _____ *Birth Date: ___ / ___ / _____ Grade Completed 2018/2019 _____

Custodial Parent/Guardian Name 1: _____ Cell Phone: _____

Custodial Parent/Guardian Name 2: _____ Cell Phone: _____

Home Church and City (if any): _____

Housing Mate Preference (if any): _____

Fields with an asterisk () are mandatory for booking flights.

PARTICIPANT RELEASE:

I will not hold Cross Trails Ministry or its staff and directors responsible for accidents, claims or damages arising from my, or my child's participation in a Cross Trails Ministry activity. I am responsible for any medical obligations incurred during the expedition or event period and give the Cross Trails Ministry staff permission to seek medical treatment for me, or my child, in case of injury or illness. I also give permission to use any photograph/video of me, or my child, taken at camp or on the expedition, in future promotional materials both electronic and print.

Parent/Legal Guardian or Adult Participant Signature: _____

Printed Name of Parent/Legal Guardian or Adult Participant: _____

Date: _____

Note: Health and activity release forms will be required for all participants. Participants over the age of 18 will be required to submit to a criminal background check.

PAYMENT INFORMATION:

The cost of this expedition is \$1750. A deposit of **\$250** is due with your registration. An additional deposit of **\$500** is due by March 1, 2019. These deposit funds will cover travel expenses and are **not refundable**. The remaining fee of \$1,000 is due by May 1, 2019. Some financial aid is available and payment plans are possible. Fee refunds will only be issued with documentation of a medical or family emergency.

____ Check made payable to Cross Trails Ministry ____ Visa ____ MasterCard ____ Discover

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____ Total Amount Due \$ _____

Billing Address (if different from above): _____