

ST. LOUIS CYO MISSION TRIP 2012 COMMITMENT FORM

Name _____

Date of Birth _____ Age _____ Sex _____

Registered Parish _____

School Attending _____ Grade _____

Parent/Guardian _____

Street Address _____

City, State, Zip _____

Home Phone _____ Mother's Cell Phone _____

Father's Cell Phone _____ Youth Cell Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Email Address _____

Father's Email Address _____

Have you attended CHWC before? No Yes, Number of years? _____

I have read, understand and agree to the guidelines and policies of the St. Louis CYO Mission Trip, including prioritization of acceptance and payment schedule.

Parent signature _____ Date _____

FOR OFFICE USE ONLY: Deposit Paid \$ _____ Date _____ A W