



Registration **due September 1st**

Payment of \$185 **due September 15th**

Checks payable to: **Ascension Lutheran Church**

Full Name _____

Date of Birth _____ Age _____ Gender _____ Grade _____

Complete Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____ T-shirt Size _____

Roommate Request (will accommodate as possible) _____

Food Allergies _____

Issues/concerns adults should be aware of _____

Parent/Guardian Name _____

Relationship _____ Email _____

Home Phone _____ Cell Phone _____

_____ has permission to attend the Charge Trip, November 10-12, 2023.

Emergency Contact: _____ Contact Number: _____

I give my permission for _____ to receive emergency medical treatment. In an emergency, please contact:

Name _____ Phone _____

Allergies _____ Physician _____

Insurance Company _____ Policy # _____

Medications _____

Parent/Guardian Signature _____ Date _____