

Queen of Martyrs Youth Ministry

Mission Trip Registration

Information Sheet

Name: _____

Email: _____

Cell Phone Number: (____) _____

School & Year: _____

Queen of Martyrs Parishioner or Youth Ministry Teen: YES NO

Parent Interested in Chaperoning?? YES NO

_____ I understand that all teens will be placed on a waiting list once the limited spaces are filled.

_____ I understand that only one Mission Trip is offered this summer. Trip availability is dependent on time of registration.

_____ I understand that I need to participate in **ALL** Mission Trip fundraising and **ALL** Mission Trip Meetings.

Enclosed is my:

___ \$175 non-refundable deposit

___ Child/Minor Participation Release Form

___ This Registration/Information Sheet

****Your spot will not be secured without submitting all completed forms & payment. Thank you for your cooperation. ****

Any questions please do not hesitate to contact Tina O'Shea at (773)332-7553 or QMartyrsYM@gmail.com.