



Registration Form

SERVANTS IN THE CITY
21-27 JUNE 2020
GRANDVIEW, MO

After we receive your completed Registration Forms and deposit, we will forward a packet of more specific information (schedule, medical releases, etc.) to your group. Please call (816-809-9087) or e-mail (pljordan79@gmail.com) if you have any questions regarding this Event. All registration forms must be completed and mailed to Holy Trinity along with a nonrefundable deposit of \$100.00 per participant. Registration to be filled on a first come/first served basis.

PARTICIPANT INFORMATION:

First Name _____ Last Name _____

Prefer to be called: _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email _____

Birth date (Age 6/21/2020) _____ Grade Level Fall 2020 _____ Gender _____

T-Shirt Size (Adult): SMALL MEDIUM LARGE XL 2XL 3XL OTHER _____

Name of Parent or Legal Guardian Daytime Phone or Cell Phone

Participant is a: ____ Youth Participant ____ Pastor ____ DCE ____ Lay Leader

Do you have any carpenter/construction experience?

Do you have any special dietary or medical needs of which we should be aware? List here.

CONGREGATION INFORMATION (Adult Leader Only):

Home Congregation _____

Address _____

City, State, Zip Code _____

Adult Leader who is responsible for the group _____

Cell Phone & Email of Adult Leader _____

All Servant Event Participants (Youth and Leaders):

Servant Promise & Publicity Release: I want to fully participate in and serve my Lord through the Servant Event "Servants in the City". I will learn about Christian servanthood, work hard and join in all activities that are part of this Event. I also give my permission to allow any pictures or videos taken during this Servant Event to be used in publications by the Servant Event or by the LCMS Department of Youth Ministry.

Participant's Signature

Date

Parents of Youth:

Permission, Publicity Release, and Participant List: I give my permission for my child to participate in this Servant Event. I also give my permission to allow any pictures or videos taken during this Servant Event to be used in publications by the Servant Event or by the LCMS Department of Youth Ministry. I furthermore give my permission for my child's name, address, phone number and email to be included and shared in a participant list with others at this Event and the LCMS Department of Youth.

Parent or Legal Guardian's Signature

Date

GROUP LEADERS SHOULD SEND A COPY OF ALL REGISTRATION FORMS AND THE \$100 DEPOSIT PER PERSON WITH ONE CHECK TO:

**HOLY TRINITY LUTHERAN CHURCH
ATTN: SERVANTS IN THE CITY REGISTRATION
5901 E. 135TH STREET
GRANDVIEW, MO 64030**

Applications will be taken in the order they are received, provided all registration forms are completed and the check is enclosed. Thank you.

We are looking forward to hearing from you soon. We are eager for you to join the Servants in the City Servant Event!