

St. David's Junior High School Youth Mission Trip, 2011

Join Episcopal youth from across the country to learn more about the breadth and depth of the Episcopal Church in the United States. We will explore what it means to foster Christian partnerships through fellowship opportunities and mission efforts. This trip will provide opportunities for self-discovery through encounters with the other. In addition, it is an excellent time for youth to engage in meaningful actions and subsequent reflections in a Christian context.

Dates: Monday, June 6, 2011 – Thursday, June 9, 2011

Where: Galveston, TX

What: Mission and Experiential Learning trip for St. David's Youth

Who: St. Vincent's House

"St. Vincent's House is a 501(c)(3) non-profit social service agency providing comprehensive social services and community outreach programs for the entire family. St. Vincent's House serves the disadvantaged, underserved and working poor population of the greater Galveston community with essential programs and services to enhance their mental, physical and spiritual well being."

<http://www.stvhope.org/>

Lodging: William Temple Center

Cost of Trip*:

\$135 Transportation & Gas

\$15 T-Shirt

Total Cost: \$150

* Does not include individual spending money.

*Please note that fundraising opportunities have been and will continue to be available. Also, scholarship money is available. Please, do not let the cost of the trip deter you from signing up. Simply get in touch with The Rev. Beth Magill today!

**Registration Deadline: Sunday, April 20th, 2011. \$50
Deposit due at this time.**

JUNIOR HIGH

**Galveston Mission Trip Registration Form:
St. David's Episcopal Church
Monday, June 6, 2011-Thursday, June 9, 2011**

Participant Name: _____

Mailing Address: _____

Youth Email: _____

Parent(s) Name: _____

Parent Email: _____

Home Number: _____ Work Number: _____

Parent(s) Cell Number(s): _____

Youth Cell Number: _____

Emergency Contact: _____

Relationship to Participant: _____ Phone: _____

Trip Cost per Youth: \$150

Do you plan to apply for scholarship assistance? (Circle one) Yes No

Insurance: **[Please include a copy of insurance card, front & back]**

Company: _____

ACCT/Group#: _____ Policy#: _____

Food Allergies or Special Food Needs? Please explain in detail so we can make sure your needs are accommodated. Use the back of this form if necessary.