



St. John's Lutheran 2024 Duluth, MN Mission Trip

Aug 4-9
Cost: \$325

**“Love the
Lord your
God with
all your
heart, soul,
and mind...**

**And
love
your
neighbor as
your-
self.”**

**Matthew
22: 37-39**

Calling all Middle School Youth currently in grades 6th-8th!!

It's summer time for our Middle School Mission Trip! This summer, in cooperation with Service Learning Camps, we will be heading to Duluth, MN, where we will serve and help our family in Christ.

This trip is open to all youth who will finish grades 6th-8th by June, 2024. Your friends are invited to join us!

Mission Trip Q&A

Q: What is the cost of the trip?

A: The total cost is \$325, which includes (most of) your meals, transportation, and the St. John's Lutheran Youth Summer T-shirt. See Pastor Raul for details.

Q: Where will we sleep?

A: We will sleep at a Lutheran Church in Duluth.

Q: What about meals?

A: We'll have family-style breakfast, bag lunches and supper at the place where we're staying. Please bring money for fast food meals on travel days.

Q: Can a friend participate if they are not a member?

A: Yes, if they get their registration in.

Q: Is there a parents' meeting?

A: Yes! The participant and at least one parent/guardian must attend a pre-trip meeting on July 7, 2024 after second service. We will have details passed out before our mtg.

Q: I have other questions!

A: Call Raul at direct office line: 952-906-7161 cell phone: 952-451-9398 or email him: pastorraul@stjom.org



to register for the Middle School Mission Trip...

... fill out this form and turn it in to the Pastor Raul or Church Office with a \$100 non-refundable deposit. Please make the check out to

St. John's Lutheran Church.

Your balance will be due at the parent/participant meeting on July 7, 2024

See Pastor Raul for more details.

After you register, you will receive an email confirming your reservation.



Personal information

Name: _____

Address: _____

(city)

(zipcode)

Home Phone: _____

Gender: M F Grade: _____ Date of birth: _____

Parent/Guardian-1 Name: _____

Parent/Guardian-1 Cell Phone: _____
(In case no one can be reached at home)

Parent/Guardian-1 Email: _____

Parent/Guardian-2 Name: _____

Parent/Guardian-2 Cell Phone: _____
(In case no one can be reached at home)

Parent/Guardian-2 Email: _____

Medical Insurance Company: _____

Insurance Policy Number: _____
(Please have a copy of your medical insurance card when you turn in your registration form.)

Current medication and/or important medical information we should be aware of:

If you are not currently a member of St. John's Lutheran and interested in membership, please check the box and we will send you information!

Release from liability:

Guardians hereby authorize my son/daughter to participate in said activity. Guardians hereby release, forever discharge and agree to hold harmless, St. John's Lutheran Church, from the described event, and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the described event. The undersigned further hereby agrees to hold harmless and indemnify St. John's Lutheran Church, its directors, employees and agents for liability sustained by said acts of said participant, including any expenses incurred. The undersigned also gives permission for photos to be used online and in print.

Medical release:

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify St. John's Lutheran Church, its directors, employees and agents from any acts of misconduct, and/or failure to act on the part of those chosen to administer medical aid on behalf of the participant.

For parent/guardian signature:

I also understand that if my child is intentionally creating problems or is found in possession of controlled substances, I may be contacted to provide immediate transportation home at your family's expense.

Parent/Guardian signature: _____

Date: _____

For student signature:

I understand that I am to be a full participant in the 2024 Middle School Mission Trip from the time we load to the time we return. I will abide by the St. John's Lutheran Church Youth Covenant and know that my actions can reflect either positively or negatively on myself, my church and my faith. I understand that if I cannot live by these expectations, I may be asked to contact my parents/guardians to arrange immediate transportation home at our family's expense.

Student signature: _____ Date: _____

T-shirt size: S M L XL
(these are adult sizes)

Make a difference! Have a blast!