



# St. John's Lutheran 2024 National Youth Gathering Trip

**July 15– July 21**  
**Cost: \$1200**

**I  
praise  
you,  
for I am  
fearfully  
and  
wonder-  
fully  
made.  
Wonderful  
are your  
works; that  
I know  
very  
well.  
Psalm 139:14**

**Calling all High School Youth currently in grades 9–12!!**

It's summer time for our High School Trip! This summer we will be heading to New Orleans, LA for the ELCA National Youth Gathering. We will gather and have times of service, fellowship and worship with 30,000 other youth and adults.

This trip is open to all youth who will finish grades 8th-12th by June, 2024. Your friends are invited to join us!

## Trip Q&A

**Q: What is the cost of the trip?**

A: The total cost is \$1200, which includes transportation, daily activities, and the St. John's Lutheran Youth Summer T-shirt. See Pastor Raul for details.

**Q: Where will we sleep?**

A: We will be sleeping in hotel.

**Q: What about meals?**

A: Some meals will be covered but please bring money for food for meals.

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

A: Yes, if they get their registration in.

**Q: Will we fundraise?**

A: Yes! We will fundraise for as much of the expenses as we can. Fundraisers will be planned.

**Q: Will we be flying in NOLA?**

A: Yes! We will find an airline flight that is a reasonable price and book the tickets. So please fill out names on this registration form as you want them on your airline ticket.

**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](mailto:pastorraul@stjom.org)

2024 ELCA Youth Gathering

**CREATED**

**TO BE MYLE**  
the table Young Adult Gathering

## to register for the High School Trip...

... fill out this form and turn it in to the Pastor Raul or Church Office with a \$200 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 June 23, 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 High School 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!