



ST. LOUIS SENIOR HIGH YOUTH MINISTRY **JUNE 22 - 30, 2019, CHARLESTON, SC COMMITMENT FORM**

Name of Youth		
Date of Birth	Current Age	Gender M F
Registered Parish		
School Attending		Grade (2018-19)
Parent/Guardian		
Mother's Cell Phone	Father's (Cell Phone
Youth Cell Phone		
Mother's Email Address	_	
Father's Email Address		
Have you attended CHWC before? □	No □ Yes, Number	of years?
the youth drops after Monday , March money cannot be refunded or transferr funds and donations cannot be refunded deposit. Please make checks payable to	25th , the full cost of the red to other participants ed at any time. This for o St. Louis Catholic Chu	s (including siblings). Deposits, raised
I have read, understand and agree with Mission Trip, payment schedule, attend Youth Mission Trip 2019 Guidelines at	dance and behavior req	uirements as outlined on the St. Louis
Parent signature		Date
FOR OFFICE USE ONLY: Depo	osit Paid \$	Date