

GULF RELIEF AND RECOVERY

MISSION TRIP REGISTRATION

Trip Location: _____ Trip Date: _____

Name: _____ Phone: _____

Address: _____

(City)

State

Zip Code

E-mail: _____

Please included the following with this Registration:

- ◆ PCUSA General Release Indemnification and Authorization for Medical Treatment
- ◆ Presbytery of Chicago Liability Release Form
- ◆ Health Information Form
- ◆ Your check for \$400 (*Scholarships available*)

Mail completed documents and payment to:

Rev. Deb Roberts
Contact Coordinator
Knox Presbyterian Church
1105 Catalpa Lane
Naperville, IL 60540

Questions may be directed to Rev. Roberts at 630-355-8181, ext. 106 or emailed to her at droboters@knoxpres.org.