Guest Scholarship Request

Instructions:

1. Guests must complete Page 1 of this form and have it signed by their parent or guardian.
2. The Sponsoring Teen then fills out the sponsor section below.
3. The Sponsoring Teen then gives it to the Youth Minister/Youth Worker at his home congregation for approval signature. After the form is approved, it should be mailed to the Faith Quest address.

Section One
To be filled out by Sponsoring Teen:

Sponsoring Teen Name _____

Contact information:

Home Congregation _____

Address _____

_____

Phone _____

Section Two
To be filled out by the Youth Worker:

Youth Minister/ Worker _____

Youth Minister/Worker Phone _____

Youth Minister's Approval Signature _____

Make checks payable to:
"FAITH QUEST"
And mail to: ***FAITH QUEST, PO Box 2071, Gresham, OR 97030.***
We must be able to read your email address to send a receipt
Please print clearly!!

Winning, Building, Equipping for His Kinadom

F A I T H Q U E S T

REGISTRATION & LIABILITY STATEMENT.

Entering Ninth through Twelfth Grades ONLY!

PLEASE PRINT CLEARLY (If you want a receipt we must be able to read your email address) **updated 5/6/10**

Name: _____ Your Phone_____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone where a parent or guardian can be reached while you are at camp: Home (_____)_____ Cell ( )_____

Age: _____ Gender: _____ Grade this Fall: _____ Email: _____

Home Congregation: _____ Chaperon present: _____

Emergency Contact: Please provide us with information as to where to contact you while your teen is at camp.

Name _____ Phone: Home (_____)_____ Cell ( )_____

Additional Contact Information: _____

This section must be completed or the form will be returned to you:

Medical Insurance Co.: _____ or _____ I have no medical insurance. Date of last tetanus shot _____

Policy No: _____ Special Medical Conditions: _____

Allergies (including foods): _____

Medications Required: _____

Authority is hereby granted to Faith Quest to place the above named person in the care of a legally qualified doctor, dentist, and/or hospital when in the staff's opinion it is necessary or the best option. Camp Yamhill and Faith Quest is released from any liability in connection with the afore-named person, except as covered by camp liability insurance. I agree that Camp Yamhill and Faith Quest will not be held responsible if any of my/or my child's property is lost, stolen or damaged during camp. I further consent to the above named person being photographed for purposes of recording the Faith Quest experience, that these photographs may be used on Camp Yamhill's or Faith Quest's websites or for other publicity purposes. I understand that minor children will not be identified by name in any publication.

Sign Here: _____ **Date**: _____

If you are under 18, signature of parent or guardian required. (All adult chaperons and staff MUST sign this release form.)

PAYMENT IN FULL MUST ACCOMPANY APPLICATION

Forms received without money or *signed* Release Form will be returned, jeopardizing one's acceptance.

Please note: No refunds can be given after August 15th.

Please check one and enclose payment:

Guest Scholarship Request – back of form must be completed!

Teens: $99 (US dollars only) by July 15

Teens: $115 (US dollars only) by August 15 (If you miss the final deadline you must contact the registrar directly at metrocofc@comcast.net to see if space is available)

Chaperon: $99 by July 15th **All adults must fill out this application.**

Chaperon: $115 by August 15th. (If you miss the final deadline you must contact the registrar directly at metrocofc@comcast.net to see if space is available)

FQ Staff: $85 **(Permission of the Directors *only*) All Staff members must fill out this application.**

Staff Position: _____

Make checks payable to:

"FAITH QUEST"

And mail to: ***FAITH QUEST, PO Box 2071, Gresham, OR 97030.***

We must be able to read your email address to send a receipt

Please print clearly!!

Faith Quest

Winning, Building, Equipping for His Kingdom