

FORM A – STUDENT MISSION EXPERIENCE APPLICATION

Central United Methodist Church, 1501 Massachusetts Street, Lawrence, Kansas 66044

Location: Omaha, Nebraska

Dates: July 17 - July 22 (Sun. - Fri.)

FORM MUST BE COMPLETED IN FULL. PLEASE ANSWER ALL QUESTIONS.

STUDENT INFORMATION

Grade for 2010-2011: _____ Birth Date (Month/Day/Year) : _____

Name: _____
Last (Family) First (Given) Middle Initial

Address: _____

City/State/Zip: _____

Home Phone: _____ Student Cell Phone: _____

Student Email Address (print plainly): _____

PARENT/GUARDIAN - EMERGENCY INFORMATION

Father's/Guardian's Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address (print plainly) : _____

Mother's/Guardian's Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address (print plainly) : _____

Emergency contact name: _____

Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My student has my permission and support to participate with the CUMC group on the 2011 mission experience to Omaha, NE. I will also ensure that my student has all of the forms necessary on file by June 1, 2011.

Parent/Guardian Signature: _____

Date: _____