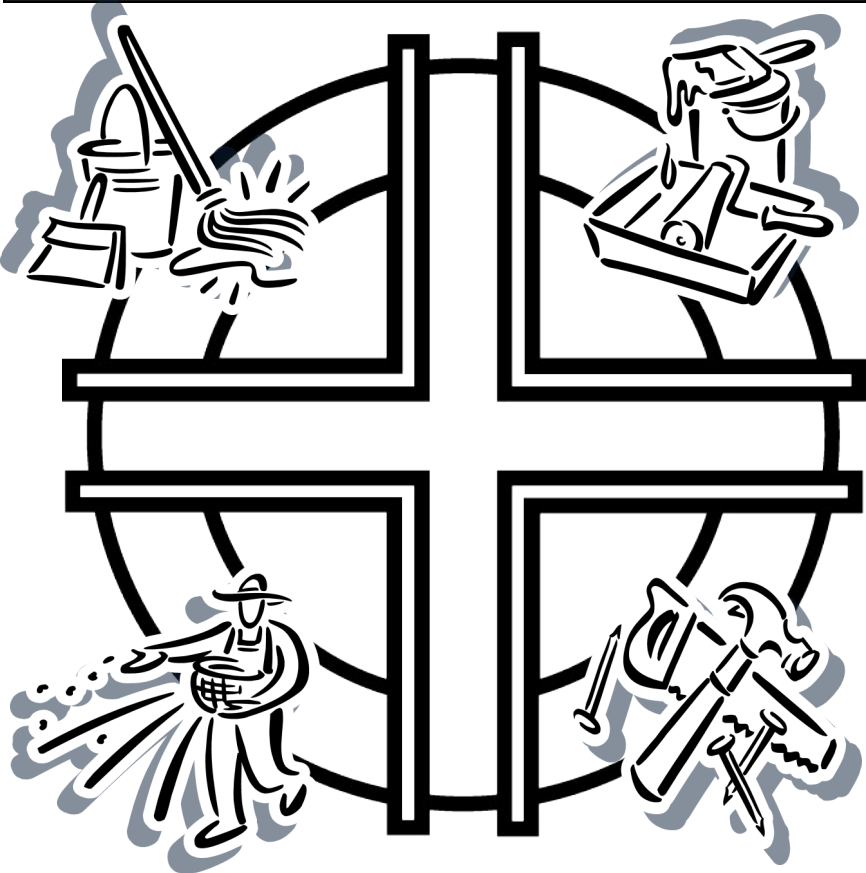




**Summer Super  
Servant Week  
June 28-July 2**



**OPEN TO: All Youth Grades 9-12 & their family**



Cross View Lutheran Church—6645 McCauley Trail W—Edina, MN 55439  
[www.splatyouth.net](http://www.splatyouth.net)

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**INFORMATION PAGE**  
**Keep For Your Records**

**Place  
Refrigerator  
Magnet  
Here**

**DATE:**

Tuesday June 27-Saturday July 2

**TIME:**

Hours each day vary based on the projects. A complete schedule will be online. We understand that some youth may only be available to join us certain days and hours. While we would love to have you take the week as if you were on a mission trip (since it is) we want everyone who can to be a part of it!

**WHO:**

This is a congregational effort for Cross View. High School Youth will work on some projects with other members, and some adventures will be designed for high school youth.

**PLACE:**

Trinity First Lutheran Church & School and the Surrounding community.

**COST:**

\$75.00 for all or part covers program cost, T-Shirt and some meals

**REGISTRATION:**

Complete the registration form to the right and turn into the church office with your registration cost of \$75.00.

**PRE-REGISTRATION:**

Pre-register online and let us know you are coming. We will be drawing from all online pre-registrations for a servant trip gift pack.

# Registration Form

**-tear on the fold and return this portion**

Return this form to the Church office with your money as soon as possible.

\_\_\_\_\_ has my permission to attend

In the event of an emergency and I can not be reached, I hereby authorize a leader of this activity to act as an agent for me or the Minor, to consent to: any x-ray examination, medical, dental, or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or county where services are rendered, either at the doctor's office or in a hospital. I expect that every effort will be made to contact me before and after assistance is rendered.

I certify that I am of lawful age and competent to sign this release, or that I have all right, power and authority to do so on behalf of this Minor, that I understand it's contents and that I have signed this release voluntarily.

I also hereby give permission for the above named to be photographed and or video taped at the event for the express use of Cross View Lutheran Church, and the LC-MS in publication and presentations. (If NO Initial here \_\_\_\_\_)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

- I understand that adults leaders are needed for the enjoyment and safety of this day.
  - However I am not able to attend this event.
  - I am able to help chaperone this event in support of SPLAT Youth Ministry.
- I understand that a current and complete "Medical Release Form" must be on file and that if I need one I may download it from [www.splatyouth.net](http://www.splatyouth.net). (Forms are good for 1 year)

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Relationship: \_\_\_\_\_

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