



crossings

community church
Middle School Ministries
14600 N. Portland Ave.
Oklahoma City, OK 73134
405-755-2227

MIDDLE SCHOOL MINISTRY

SERVANT LEADERSHIP MISSION

JULY
06-15,
2010

PORT CHARLOTTE, FLORIDA

Trip Itinerary

Travel Info:

July 6 - Meet at the CCC South entrance at 7:00 am. Will stop overnight. Destination TBD.

July 7 - Leave at 9:00 am

July 15 - Pick up at CCC South entrance. Time to be announced.

Cost:

The cost is \$500 per student (*Space is Limited*)

- ⊗ April 18 - \$200 Non refundable deposit due
- ⊗ May 23 - \$150 2nd payment due
- ⊗ June 20 - \$150 Final payment due

You will need:

Money For:

- ⊗ 6 fast food meals
- ⊗ Snacks
- ⊗ Free time (movie, souvenirs, etc.)

Bring with you:

- ⊗ Bible, pen or pencil
- ⊗ Towels, washcloths, toiletries
- ⊗ Pillow and sleeping bag/bedding
- ⊗ Snacks
- ⊗ Swimsuit - One piece only
- ⊗ Sunscreen, hat, sunglasses
- ⊗ Work clothes/shoes
- ⊗ Casual clothes/shoes
- ⊗ Camera

Emergency Contacts:

Mike Fackler - 255-7071
Lindsey Sturdy - 826-2790

Space Is Limited!!

Medical Release

Name_____ Age_____ Birthdate_____

School (in the fall)_____ Gender_____

Grade (in the fall)_____ Is CCC your church home?_____

If not, where is your church home?_____

Address (complete)_____

Emergency Contact_____ Relationship_____

Home Phone_____ Cell_____ Work_____

Emergency Contact_____ Relationship_____

Home Phone_____ Cell_____ Work_____

Insurance Co. _____ Policy #_____

Group # _____ Other #'s_____

DATE OF LAST TETANUS SHOT _____

PHYSICAL LIMITATIONS (asthma, diabetes, allergies, etc.)

REACTIONS TO MEDICATIONS (rare blood types, etc)

I give permission for my above named child to attend *MSM Servant Leadership Mission Trip July 6-15, 2010*. I understand the cost is \$500, due in advance and no refunds will be made. I understand the group will be traveling via 15 passenger vans.

I hereby release Crossings Community Church, their staff and volunteers from liability for any injury or illness that my child might sustain during this trip. In the event of an emergency, I hereby authorize an adult leader of this trip, to act as an agent for me, to consent to an x-ray examination; medical, dental or surgical treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where the services are rendered, wither at a doctor's office or any hospital.

I also acknowledge that all financial debts incurred are my responsibility and not that of CCC, their staff or volunteers.

In case of disciplinary action, my child will be sent home at my expense and the CCC staff will be released from any obligations.

Signature of parent/legal guardian

Date