



IHM Mission Trip 2024

Youth Registration Form

Please return completed forms to
Amy Malventano (amalventano@ihm-ky.org) – IHM Parish.

Name: _____

Grade Entering in Fall 2024: _____ Age: _____

School Attending: _____

Youth Email: _____ Youth Phone Number: _____

T-Shirt Size: _____

Parents Names: _____

Parents Email(s): _____

Parents Phone Number(s): _____

Family Address: _____

Payment and Deposit:

_____ Enclosed is a \$50 deposit.

The full program fee is due May 1. Two payments of \$75 will need to be made prior.

_____ Enclosed is the payment in full (\$200)

_____ I would like financial assistance to help my youth attend.

(Please make checks out to IHM Parish and note Mission Trip in Memo Field)

Parent Acknowledgement:

I understand that deposits made toward attending the Mission Trip are non-refundable. Before my youth attends the Mission Trip, I will attend the parent meeting and complete all required paperwork. I understand that failing to complete all the required paperwork could result in my child not being able to attend the Mission Trip.

Parent Signature: _____ Date: _____

After registration is received, parents and youths will receive a packet with information and paperwork to complete.