

**Galilee Baptist Church**  
**Washington D.C Youth Trip Aug 20-22**

**INFORMATION FORM**

Sponsor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PRINT CHURCH NAME:**

**PASTOR NAME:**

\_\_\_\_\_

**PLEASE PRINT COMPLETE NAME:**

**AGE:**

**SEX:**

**CONTACT PHONE NUMBER:**

\_\_\_\_\_

**ADDRESS:**

**CITY:**

**ZIP:**

\_\_\_\_\_

Children under 17 must list Parent Information below

Email Address: \_\_\_\_\_

**PARENT OR GUARDIAN NAME:**

**P/G PHONE NUMBER:**

\_\_\_\_\_

Email Address: \_\_\_\_\_

**ISSUES**

Needs: (Medicine, Special conditions, etc): \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

CHECK

CASH