



Appalachian Experience



AGREEMENT & PERMISSION FORM (to be submitted to organizer no later than May 15th)

Name _____ Grade in Fall _____

School / Occupation _____

Address _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Parents' Names _____

Dietary Restrictions / Preferences _____

Housing Repair Work Experience / Skills _____

REQUIRED TO PARTICIPATE IN APPALACHIAN EXPERIENCE:

- Agreement & Permission Form Emergency Medical Form
- Participation in activities to help raise funds toward program's \$250.00 / person fee
(non-members of St. Joseph Church are asked to pay or raise entire fee)
- Contribution of \$50 / person toward group's food expenses for the week

I / we have read, understand and agree to abide by the rules and expectations of St. Joseph Church's Appalachian Experience (Mantua, OH) and the St. Joseph Housing Repair Program (Clintwood, VA).

You may use photos of participant for publicity & website purposes Yes No

Participant's Signature _____ Date _____

Parent's / Guardian's Signature (minors) _____