



**St. Paul's Registration
7th Grade through
High School Seniors**

July 22nd-29th, 2023

Registration Deadline May 24th, 2023

\$375 until January 18th, 2023

\$425 from January 19th- March 22nd , 2023

\$475 from March 23rd- May 24th, 2023

\$75 registration fee *Non-Refundable*

Full amount due before July 2023

Scholarships Available

Youth 2023
Daytona, FL
July 22st-29th, 2023
Subject to Change

Saturday July 22rd-Travel Day to Nashville Area

Sunday July 23rd- Travel Day to Atlanta Area

Monday July 24th - Mission Work Day- Atlanta Area

Tuesday- July 25: Travel Day to Daytona/ Conference Starts

- Event check-in opens at the Hilton Daytona Beach Oceanfront Resort
- Dinner on our own
- Big Room Worship area opens at 6:45 P.M.
- Opening worship 7:30-9:30 P.M.

Wednesday & Thursday, July 26 & 27:

- Beach communion
- Breakfast kiosks available for purchase
- Morning worship 9 A.M.
- Hour long learning and service opportunities 10 A.M.-2:45 P.M.
- Lunch provided in Ocean Center, included in registration
- Free Explore time 2:45-7 P.M.
- Dinner provided in Ocean Center, included in registration
- Big Room Worship 7:30-9 P.M.

Friday, July 28

- Beach Communion
- Departure worship
- Travel to Chattanooga Area

Saturday July 29th - Travel Day to Cedar Rapids

Youth Registration

Name of Youth _____

Date of Birth _____

Address _____

City _____ Zip _____

Phone (____) _____ Email Address _____

Parent/ Guardian 1 Name: _____

Address (if different from student) _____

Cell Phone: _____

Email Address _____

Parent/ Guardian 2 Name: _____

Address (if different from student) _____

Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____

Phone Number : _____

Health Insurance information:

Name of
company _____

Policy number _____

Group number _____

In whose name is the
insurance _____

Family doctor _____ Phone _____

Medical conditions we need to know about

Allergies: _____

Medications and Time Taken

Date of last tetanus _____

Dietary Needs: _____

Wear contacts? Yes No

Other information that will be helpful for trip leaders to know

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I (we) cannot be reached, I give my permission for medical treatment to the physician or dentist selected by the adult leaders of St. Paul's United Methodist Church. I understand that my insurance coverage will be used as primary coverage in the event a medical emergency occurs. I understand all reasonable safety precautions will be taken at all times by the church and its agents during the events and activities. I agree not to hold the church leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred.

Parent Signature _____

Date _____