

Cross Rock ACC

STEUBENVILLE Commitment Form

Return to Nicole Koll at Holy Trinity, Royalton or mail to Cross Rock ACC Office, PO Box 189, Rice, MN, 56367

Trip: Steubenville Youth Conference

Where: Rochester, MN

When: July 12 – 15, 2024

Student spots available: 30 total (Grades 9-12 and young adult up to 21 years of age)

Trip Leader/Coordinator: Nicole Koll, Cross Rock ACC Youth Minister, 218-230-3482

Name of Participating Student: _____ (one student per form)

Email to receive trip information: _____

My son/daughter will be participating in the Steubenville Conference trip to Rochester, MN. I have checked the boxes next to the statements below to acknowledge that I have read and understand what I/we are signing.

By signing below, I/we agree to pay a **non-refundable deposit of \$100.00** with this form to reserve my spot for the trip. (Due to a bank request for accounting purposes, please make checks payable to Holy Trinity.)

I understand that the cost for my student to participate is \$550, but may be lowered with the fundraising activities prior to the trip. The non-refundable deposit is used toward the cost listed above.

I/we will either make the entire payment all at once, in two payments or using the payment schedule as agreed upon between myself and Nicole Koll.

Students/Attendees to read and check: I will participate in all fundraising efforts to the best of my ability even if I don't need the financial assistance, but to help those in the group that do and to work as one with the group. I also agree to bring a good, uplifting attitude to the group even when I, or someone else in the group, is not at their best.

I/we are aware that there will be additional costs for this trip, such as food, gift shop and store purchases, and during any unexpected stops that are needed to be made along the way.

I understand that if I can no longer participate in the trip after turning in this commitment form, I will not be refunded my deposit amount of \$100.00.

Printed Student Name

Student Signature

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

Parish I/We Belong To