



URBAN PLUNGE/POVERTY SIMULATION REGISTRATION FORM

Please fill this form out in its entirety and mail/fax to City on a Hill. Once this form is received by City on a Hill, a staff member will confirm the date and times with you.
Please know these plans are not confirmed until you have received confirmation from a City on a Hill staff member.

GROUP INFORMATION

Group Name: _____

Group/Church Address: _____ City: _____ State: _____ Zip: _____

Group/Church Phone #: _____ Fax #: _____

Group/Church Website: _____ Coordinator's Name: _____

Coordinator's Phone #: _____ Alternate #: _____

Coordinator's Email: _____

Coordinator Position: () Youth Pastor () Assistant () Youth Sponsor () Other: _____

TRIP INFORMATION

Trip Type

Registration Deadlines — Registration is due eight weeks prior to the scheduled trip. Please select one of the following:

- One Day Plunge Trip** - Starts Friday at 6:00pm, ends Saturday at 6pm
- Weekend Plunge Trip** - Starts Friday at 6:00pm, ends Sunday at 2pm
- Poverty Simulation** — Starts Friday at 7pm, ends Sunday at 2pm

Group Registration

A minimum of 12 people is required for all Plunge Trips and a minimum of 20 people is required for Poverty Simulations. If you are unable to meet the minimum, please contact City on a Hill to discuss joining an already scheduled trip. For senior high Plunge trips, one adult sponsor (age 21 or older) is needed for every 7 youth. For junior high Plunge trips, one adult sponsor (age 21 or older) is needed for every 6 youth. For all Poverty Simulations, one adult sponsor (age 21 or older) is needed for every five youth. If you register both males and females, you must bring at least 1 male and 1 female adult sponsor.

_____ Youth (6th -12th grade)

_____ # College- Aged students

_____ # Adults (over 21 years old)

_____ **TOTAL REGISTRANTS**

Adult participants

Adult participants need to have had a background check performed on anyone 18 and older. The church must provide confirmation that a background check has been done within the past two years to program coordinator prior to arrival.

Dates of Trip

Please confirm available dates with the Program and Events Coordinator before completing registration form.

Registering for the week of: _____ - _____

(month) (day) (year) (month) (day) (year)

Special Request:

Please check all that apply:

- Group will arrive at** _____ **PM on** _____
- Group needs to leave by** _____ **AM/PM on** _____

Transportation

Group will be arriving to City on a Hill in:

_____ # of minivans

_____ # of cars

_____ # of 12 passenger vans

_____ Other: _____

PRICING AND PAYMENT POLICY

Pricing

Trip	Price per Person
One Day Plunge Trip	\$50
Weekend Plunge Trip	\$75
Poverty Simulation	\$100

Payment Plan

Deposit: Upon registration a nonrefundable deposit of \$25 per person is due to reserve the group's space. Until City on a Hill receives the deposit, spaces will remain open on a first-come, first-paid basis. The deposit will be deducted from the final balance due two weeks before the start of the trip. Groups have until two weeks prior to the start of the trip to adjust numbers so long as the total number remains above the minimum requirement.

Final Payment: The full balance of the trip is due two weeks before the start of the trip. At this time, the number of participants attending becomes set. An additional fee of 5% will be added to the total due for the trip for all late, unpaid balances.

Payment Worksheet

Please complete the following payment worksheet.

Cost per Space	Number of Spaces	Total
Deposit (\$25 per space)		
Final Payment (due two weeks prior to trip)		

SAMPLE

Cost per Space	Number of Spaces	Total
\$75 (Wknd Plunge)	16	\$1,200
Deposit (\$25 per space)		\$400
Final Payment (due two weeks prior to trip)		\$800

Cancellation Policy

All payments to City on a Hill are nonrefundable. This allows us to effectively plan and prepare for mission teams and keep trip prices as low as possible. All payments are transferable within one year.

REGISTRATION AGREEMENT

Deposit Amount Included with Registration Form: \$ _____ Method: () Check () Credit Card: ___ Attached ___ Will Call

Please initial next to each statement to express your agreement with the City on a Hill Mission Trip Registration Policy.

_____ We agree to attend on the dates of _____ - _____.

_____ We agree to be responsible for our group's behavior, to select members who can adequately grow and be challenged from this experience, to prepare our group spiritually for this opportunity, and to complete a Participant Application for each person attending.

_____ We agree to the Payment Policy and Cancellation Policy as outlined above.

_____ We acknowledge that all payments are nonrefundable.

_____ We acknowledge that we are financially responsible for the 12 space minimum unless otherwise coordinated with City on a Hill.

_____ We acknowledge we are financially responsible for all registered spaces one month prior to the start of the trip.

_____ We acknowledge that any late, unpaid balance will result in a 5% increase to the trip cost.

Signature of Missions Coordinator

Date

Signature of Senior Pastor or Organization Leader

Date

Please Send to: City on a Hill ATTN: Short Term Missions, 2224 W. Kilbourn Ave. Milwaukee, WI 53233 or Fax to 414-931-1804

