

2018 MN KidMin Road Trip  
April 10-14, 2018

Church/Ministry, City: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse (if attending) or Roommate preference: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you have any food sensitivities? Explain: \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse (if attending) or Roommate preference: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you have any food sensitivities? Explain: \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse (if attending) or Roommate preference: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Emergency Contact Name & Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse (if attending) or Roommate preference: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you have any food sensitivities? Explain: \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

Total cost is \$450 per person. Registration form and down payment (\$150) must be postmarked by January 22, 2018 to reserve your spot(s). Remaining balance (\$300) must be paid by April 1, 2018.

# of KidMin Leaders \_\_\_\_\_ @ \$150.00 each

Total Amount Enclosed \$ \_\_\_\_\_

Make payments out to & mail completed registrations to:

MN KidMin Road Trip

1315 Portland Ave S. Minneapolis, MN 55404

Office Use Only: Amt Paid \_\_\_\_\_ Check # \_\_\_\_\_ Date Pd \_\_\_\_\_