

HOLY CROSS

H I G H S C H O O L

Philadelphia Service Trip Registration Form June 7-12, 2020

Student's Name: _____ Grade: _____

Student Contact Information:

Phone number: _____

Email address: _____

Parent/Guardian Contact Information:

Phone number: _____

Email address: _____

Payment Plan Options (Please Choose One)

Payment in full: _____ Installment plan (after the \$125 nonrefundable deposit is received): _____

By submitting this form, along with your \$125 nonrefundable deposit, you are agreeing to represent Holy Cross on the service trip to Philadelphia from June 9-June 14, 2019. There will be additional payment installments due on December 7, January 18, and February 15.

Student Name: _____

Student Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

FOR OFFICIAL SCHOOL USE ONLY:

Date non-refundable deposit of \$125 was received: _____

Spot number reserved: _____

Please note there are only 30 spots available for the service trip this year. Philadelphia has filled up available spots and as a result we will not be able to take more than 30 students.

First installment payment due by November 8, 2019: _____

Second installment payment due by December 13, 2019: _____

Final installment payment due by January 17, 2020: _____