

National Acolyte Festival Trip — October 5 – 8, 2017

Sponsoring Church: St. Andrew's Episcopal Church, Grand Rapids

1025 Three Mile Road NE, Grand Rapids, MI 49505 — 616.361.7887 — standrew7887@sbcglobal.net

REGISTRATION FORM (this page) must be sent with the required deposit to secure your seat as soon as possible.

The deposit required is listed below with each room type. Friday Tour Form (page 2) must be received by June 23, 2017. If that form is not received by June 23 you may not be included in the tours which require advance reservations. Medical/Permission Form (page 3) and payment balance is due by September 1, 2017. PLEASE PRINT.

PARTICIPANT INFORMATION:

Select: Male Female
 Adult Youth

Last Name: _____

First Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell phone: _____

E-mail: _____

Birth date: _____

If Youth: Supervising Adult Participant _____ Phone _____

Parent/Guardian: _____ home phone: _____ alternate phone: _____

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FESTIVAL REGISTRATION:

\$ _____ Youth Registration for the National Acolyte Festival – Saturday October 7, 2017 (**\$20.00**)

\$ _____ Adult Registration for the National Acolyte Festival – Saturday October 7, 2017 (free)

LODGING INFORMATION/ PREFERENCES: Lodging amounts based on occupancy include the bus trip, three nights stay, three breakfasts buffets, one lunch, one dinner, two way local travel on Friday, one T-shirt and taxes.

\$ _____ Single (**\$465/person** – Deposit \$115)

\$ _____ Double (**\$270/person** – Deposit \$65)

\$ _____ Triple (**\$210/person** – Deposit \$50)

\$ _____ Quad (**\$180/person** – Deposit \$50)

\$ _____ **Total Festival and Lodging** (Please total.)

Fees may change if your roommate(s) don't attend.

Participants that I want to share my room with:

HOME CHURCH INFORMATION:

Home Church: _____

Church Contact Person: _____

Church Address: _____

Church City/State/Zip: _____

Church Phone: _____

Contact Phone: _____

Contact Cell Phone: _____

Church e-mail: _____

T-shirt size - Adult XXL XL L M Youth XL L M S

ADDITIONAL COSTS:

Room fees are based on full occupancy. Participants will be responsible for purchasing their own lunch and dinner during the bus travel on Thursday and Sunday, and the site seeing on Friday; and Friday site seeing tour fees, depending on what you sign up for. Site seeing tour preferences may be submitted later. White House and Capitol tour requests must be received before June 23, 2017.

Additional money for:

3 Lunches, 3 Dinners, some Local Tour Fees, extra snacks and souvenirs.

Office use: _____ Friday Site Seeing Form
_____ Medical/Permission Form

Deposit: _____ \$ _____
Balance Due: _____ \$ _____

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Friday Tour Form (this page) must be received by June 23, 2017, for tour reservations. If this form is not received by June 23 you may not be included in the tours which require advance reservations. Medical/Permission Form (page 3) and payment balance is due by September 1, 2017. PLEASE PRINT.

FRIDAY'S SITE SEEING PREFERENCES:

Please check tour/venue if interest in visiting. Then order preferences, #1 = must see. We will be in smaller groups based on our choices. Most tours require passes that have timed entries. Other places will be available but do not require advance notice and passes. For more details see the Trip Information document.

- _____ International Spy Museum – (extra fee at the gate) – several hours
 - _____ Library of Congress – (free) – 60 minutes
 - _____ Newseum – (extra fee at the gate) – several hours
 - _____ The Old Post Office and Old Post Office Pavilion Clock – (free) – about ½ hour
 - _____ Pentagon Tour – (free) – 60 minutes
 - _____ Smithsonian Air and Space – (free) – many hours
 - _____ Smithsonian Museum of American History – (free) – many hours
 - _____ Smithsonian Other – (free) – many hours - Write in your own choice if not listed
-
- _____ Supreme Court Tour – (free) – 30+ minutes
 - _____ United States Capital Tour – (free) – about 1 hour
 - _____ United States Holocaust Memorial Museum – (free) – several hours
 - _____ U.S. Mint Tour – (free) – about 1 hour
 - _____ Washington Nationals Ball Park Tour – (extra fee at the gate) – several hours
 - _____ White House Tour – (free) – about 1 hour
 - _____ Other - Write in your own choice if not listed
-

Your choices will help us arrange groups that want to see similar places and obtain the advance passes needed. Fees listed were obtained from the internet. If you chose places with fees you will be responsible for the fees at the gate. Please return to Sponsoring Church **by June 23**: St. Andrew's Episcopal Church, Grand Rapids
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Participant Name: _____

Home Church: _____

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Medical and Emergency Information Form (this page) and payment balance is due by **September 1, 2017**.

PLEASE PRINT.

Please fill out all information below for the Participant:

Participant Name _____ Date of Birth _____

Health Insurance Company _____ Policy # _____

Insured's name _____ Relationship _____

Allergies/medical conditions _____

Required medications _____

Dietary needs/restrictions _____

Emergency Contact _____ Relation to Participant _____ phone _____

Check the box if you give permission for photographs or video footage of participant to be used by the churches.

Please read and sign the following:

As a participant and or parent/guardian, I hereby give permission for the designated person or youth to attend the special event being sponsored by St. Andrew's Episcopal Church, Grand Rapids and to participate in all the activities, including travel to Washington DC and surrounding area via charter bus. I agree to follow all rules set forth by the Director &/or appointed leader(s). If I or my child breaks a rule and needs to return home or has a medical or other issue requiring return in advance of the set schedule, I will arrange for transportation immediately.

As a youth or adult, I agree to follow all rules set for by this parish:

I will respect others with my words and actions at all times.

I will respect the time of the group by arriving promptly.

I will help build community, by keeping a positive attitude present always.

I will surrender any electronic device or other item which has been deemed inappropriate, distracting, or otherwise disruptive to the goals of the activity.

I will refrain from any illegal activity and stay with designated group members at all times and meet leaders at designated times/places on-time, every time.

I will communicate any problems/concerns/issues I have to the Director, or other appointed leader first.

I give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed. I agree to hold this parish and any associated agencies and persons free from liability and waive any claims for payment of accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activity.

Participant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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This page must be submitted by **September 1, 2017 with balance due.**