

ADDRESS:		City/State/Zip:	
YOUTH'S E-MAIL:		YOUTH'S PHONE:	
AGE:	GRADE:	_ SEX: M F	
T-SHIRT SIZE:	SML XL	GRADUATION YEAR:	
ATTEND SCHOOL	. AT:	MEMBER OF	PARISH
PARENT(S)/GUAR	2DIAN(S):		
PARENT'S PHONE	E:	PARENT'S CELL:	
PARENT'S EMAII			

Communication to Parent and Youth <u>will be by email</u> unless otherwise notified so please check it often between now and Quest.

PARENTS: _____ I am willing to help in the kitchen if needed. _____ I am willing to be a chaperone in the dorm Saturday night if needed.

Some confidential information will need to be sent to parents. Please list the best way to communicate that information: (check one)

____Mail

NAME:

Email to the Parent's email above which only parent(s) use.

COST: \$50 (\$10 nonrefundable fee) Make checks payable to Quest.

\$50 PAYMENT, PARENTAL CONSENT FORM, MEDICAL MATTERS FORM AND CODE OF BEHAVIOR MUST ACCOMPANY THIS APPLICATION TO RESERVE SPOT.

Return completed application, parental consent, code of behavior, medical matters & payment to:

Chelsea Preister 45349 Ann St. Cornlea, NE 68642

OFFICE USE

Date application, forms and deposit received: ______ 24] Paid Cash Paid with check

[Rev. 9-22-24]