

**MN SO DISTRICT LWML MISSION CHALLENGE REGISTRATION
VBS MISSION TRIP AT CONCORDIA, ST. PAUL, MN - JULY 18-22, 2010**

“Jesus Others You...at Christmas”



This Mission Trip consists of providing a Vacation Bible School experience for children from a variety of cultures within the Twin Cities area. The VBS will be held at Concordia Univ. in St. Paul. Adult/Yth participants will stay at the Univ. dorms. There are many areas for you to choose to serve so please indicate below all your areas of interest. We will try to honor your top choices as we staff all areas. Everyone participating will need to have a background check. Upon receipt of your registration form you will receive the forms you need to complete for the

background check along with complete information regarding the event.

Your cost for the event is \$240.00 (for lodging & food). You will need to return a non-refundable deposit of \$40.00 along with this form and the remainder will be payable by June 30, 2010. [Make Checks payable to “MN South LWML”]

We are still determining the total cost of this event and we are looking to individuals, societies and Zones to help defray these costs, so we encourage you to hold fund-raisers, have special offerings, seek Thrivent matching funds, etc. to help you or others participate; to sponsor a child; cover cost of bussing children; or to help with others costs. More information to help with your planning has been sent to your Society President.

Co-Chairs: Carol Zemke & Teddy Koeppen

Name: _____

Address: _____

Phone no. _____

Email: _____

LWML Zone: _____

AGE: _____ 15 – 20 _____ 21 - 35 _____ 36-45
_____ 46 - 55 _____ 56 – 65 _____ over 65

Return this registration to:

Joyce Lanie
922 Lincoln Street
Anoka, MN 55303
763.421.9683

RETURN BY: June 30, 2010



PLEASE CHECK ANY OF THE BOXES BELOW:

Please indicate your areas of interest with numbers 1, 2, 3, 4, 5 etc.:

- | | |
|--|--|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Skits/Puppets |
| <input type="checkbox"/> Music | <input type="checkbox"/> Nurse/EMT |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Food/Snack Helper | |
| <input type="checkbox"/> Recreation | |
| <input type="checkbox"/> Teacher's Assistant | |
| <input type="checkbox"/> Other _____ | |

I understand a background check is required for this event and give LWML District permission to perform this inquiry. I will complete all forms required and submit them as instructed upon my receiving them.

Signature: _____ Date: _____

The information you submit is confidential and will be used only as required for the background check.