



# Portland Weekend of Service Registration Form

Please Print Clearly

<b>Group Information:</b>  _____ Group/Church Name  _____ Group Liaison (full name) This person is responsible for all communication with SSP, as well as with parents, youth, and other volunteers.  _____ Billing Address  _____ City                      State                      Zip	<b>Liaison Contact Information:</b>  <input type="checkbox"/> ( _____ ) _____ Home Phone  <input type="checkbox"/> ( _____ ) _____ Cell Phone  <input type="checkbox"/> ( _____ ) _____ Work Phone  Check which is the best number to reach you at.  _____ E-mail  _____ Alternate E-mail
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### Please Reserve Spaces For:


Youth \_\_\_\_\_ + Counselors\* + \_\_\_\_\_ = Total \_\_\_\_\_ x \$50 Deposit = \$ \_\_\_\_\_ (Amount enclosed or processed by credit card over the phone)

\*The ratio of 5 youth to 1 adult is required.

**Portland Location:** Augustana Lutheran Church  
2710 NE 14th Avenue  
Portland, OR 97212

**Weekend Dates:**  April 13 – 15, 2012  
 May 18 – 20, 2012

Registration is first come, first served. Registration deadline for this project is April 1<sup>st</sup> for the April dates and May 1<sup>st</sup> for the May dates.

Turn this page over to complete  
the registration form. 

### SSP Office Use Only:

Check #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Credit card payment over phone Amount: \_\_\_\_\_

**Contract Between Your Group/Church and Sierra Service Project:**

- We have read and understand SSP’s policies regarding fee payment according to the following schedule:

<b>Payment Type</b>	<b>Due Date</b>	<b>Amount</b>
Deposit	At registration to hold spaces	\$50 per participant
Final Installment	Prior or upon arrival	\$25 per participant

- We have read and understand the enclosed information regarding the registration process, counselor to youth ratio, and age group eligibility and agree to follow it.
- We understand that our group is required to provide its own transportation to the site and to the project sites where the work will be performed.
- We understand that volunteers are not covered by Workers’ Compensation and that each participant, both youth and adult, is responsible for his/her own medical expenses while at the project.
- We understand that all additions to registration numbers must be approved in advance to the group’s arrival at SSP.
- We understand that all payments are **nonrefundable**.
- We attest that all of our adult volunteers have undergone, or will undergo prior to the weekend, a national criminal background screening process. We confirm that our adult volunteers are suitable to work with youth.
- We understand that the contact listed is the only liaison between SSP and your group. If this person changes, SSP needs to be notified with updated contact information.
- We understand that email is the primary mode of communication between SSP and the Group Liaison listed on the front of this form.
- We understand that if there are not enough participants to run the program, SSP will need to cancel the Weekend of Service and we will receive a full refund.

SSP Liaison’s signature: \_\_\_\_\_

Date \_\_\_\_\_

Pastor’s signature: \_\_\_\_\_

Date \_\_\_\_\_

Make a copy for your records and mail or fax completed Registration Form to:

**Sierra Service Project**  
**P.O. Box 992**  
**Carmichael, CA 95609**  
**Fax: (916) 484 - 0917**