

ASP Financial Responsibility for Participants

June 16-23, 2018

Please sign and bring this Financial Responsibility Covenant with your registration deposit! Please *prayerfully* consider making this commitment to attend our ASP 2018 mission trip! If you decide to attend, please keep your financial agreement according to our pay deadlines. You are receiving this early so you can plan in advance for these deadlines. We have extended them as late as possible.

FIRST Payment - UPON Registration. A \$75 NON-refundable deposit is due.

If a waiting list begins, we will hold your check until a spot becomes available. We will notify you.

SECOND Payment - February 25. \$175.

THIRD Payment - April 15. \$75.

Financial Conditions:

~If you cancel and someone else replaces you on a waiting list, refunds **cannot** be issued at any time. The person replacing your vacant spot may reimburse **you**.

~The \$325 paid is **NOT transferrable** to another member of the team if you cancel. Each spot is paid in advance. We cannot afford to lose money.

~If you cancel at the last minute and there is no one to replace your spot because of the late notice, **money cannot be refunded to us and therefore cannot be refunded to you**.

Personal fundraising ideas:

~Write a letter to your family and friends to help support your 2017 trip.

~Find a fun way to sell your talents and services.

~Youth from other churches may find donors from their congregation or mission funds.

~Reach out to employers, civic groups, and other businesses looking for a tax deduction.

Bring ASP money during church office hours: Mon.- Fri. 9:00-2:00 p.m.

If these hours are not convenient, feel free to call or text Brooke to make other arrangements

Financial Covenant Signature Page

APPALACHIA SERVICE PROJECT DEPOSIT

St. Mark's United Methodist Church

Attached is my \$75 non-refundable deposit. I have read over my Financial Responsibility for ASP Participants and will cheerfully do my part!

ASP Participant's Printed Name

PARTICIPANT'S Email & Cell Phone_____

PARENT'S Email & Cell Phone_____

Address_____

City, State, Zip_____

Home Number_____

Birth date needed for registration purposes_____

Guardian/ or Participant's Signature
