



AMEN St. Louis

A Ministry of Oak Hill Presbyterian Church (PCUSA)

4111 Connecticut • St. Louis, MO 63116

amenstlouis@gmail.com • 314-664-5525

AMEN St. Louis Registration- General Information

Thank you for your interest in serving and/or staying with AMEN St. Louis! Before you fill out the following registration form, please take time to review this information. Contact us through the email and phone number listed above, if you have any questions.

To register, complete the registration form. Send the completed form and your initial deposit to Oak Hill Presbyterian Church, 4111 Connecticut Street, St. Louis, MO 63116. Make checks payable to: Oak Hill Presbyterian Church. Your week will not be guaranteed until initial deposit is received.

Payment Schedule:

We request payment for your AMEN St. Louis trip in two installments.

1. Initial deposit of 50% of your total balance per person.
Ex: Housing + Program Deposit = \$100 per person, Housing Only Deposit = \$75/per person
2. The final balance is due two weeks before your trip.

Cancellation Policy:

In the event that a group needs to cancel, AMEN St. Louis has the following policy:

- If a group cancels after their initial deposit, the funds may be applied in their entirety to an AMEN St. Louis trip this year or next.
- If a group cancels after paying in full, the final balance is non-refundable due to the short notice before the scheduled trip. The initial deposit may be applied as stated above.

AMEN St. Louis is self-funded through participant fees. Participant fees cover group lodging, group scheduling, cleaning and maintenance fees, supplies, support staff, and incidental expenses related to the operation of the program. When AMEN St. Louis schedules a group, we make arrangements with local agencies where participants will volunteer. Agencies count on AMEN St. Louis participants to fulfill that commitment. Group cancellations affect agency partners and disrupt all aspects of scheduling.

For individuals and small groups booking a brief stay at AMEN St. Louis, it's important to keep in mind that you could potentially share the space with other individuals or a small-to-medium sized group. We intend for groups to have the space to themselves when at all possible, but especially during our "on season" of school break times and summer, it is possible that you will need to share the space due to our high demand during these times. We will always work with you to make sure that such situations are arranged as smoothly and as comfortably as possible!

Please feel free to keep this page for your records when you return the following registration paperwork.

We are so excited to welcome you!

AMEN St. Louis Group Registration

To guarantee your booking, complete this form and send it to Oak Hill Presbyterian Church with your initial deposit. Checks should be payable to:

Oak Hill Presbyterian Church
4111 Connecticut Street,
St. Louis, MO 63116
Federal Tax ID: #43-0655870

Organization

Church/Organization: _____
Address _____
City _____ State/Prov. _____ ZipCode _____
This is the preferred mailing address. <input type="checkbox"/> Yes <input type="checkbox"/> No
Church/ Org. Phone (____) _____
Church/Org. E-mail _____
Fax (____) _____
Denomination _____ Conference _____
Registration date: _____

Primary Contact Person*

Contact person _____ Title _____
Address _____
City _____ State/Prov. _____
Zip/Postal Code _____
This is the preferred mailing address. <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone (____) _____
Preferred E-mail _____
Home Phone (____) _____
Cell Phone (____) _____

*Please indicate if this is NOT the person who will also be traveling with the group during your trip, and include that person's contact information if so.

Dates

Date Possibilities:

1st choice: _____, _____ to _____, _____, _____
(Month) (Day) (Month) (Day) (YR)

2nd choice: _____, _____ to _____, _____, _____
(Month) (Day) (Month) (Day) (YR)

We will contact you if:

- ✓ Your first choice is taken and we will be assigning your group its second choice.
- ✓ If both of your choices are already full, we will contact you to discuss alternatives. If no other option can be found then your check will be returned.

Group Information

Type of group:

- Junior high Senior high Mixed Junior/Senior high College Adult
 Intergenerational Other: _____

TOTAL Number of Group*: _____

Number of Youth**: _____

Number of Adults***: _____

Age of youngest member: _____

*Final group numbers will most likely change, and we will adjust deposit monies accordingly. However, it is helpful for us to have as accurate of an estimate as possible at this time.

**AMEN St. Louis defines youth to be anyone under the age of 21.

***AMEN St. Louis requires 1 adult for every 5 High School aged youth. Middle school groups should bring 2 adults for every 6 youth.

Gender and inclusion:

Youth: # of Females _____ # of Males _____ # of Non-binary/Third Gender _____

Adults: # of Females _____ # of Males _____ # of Non-binary/Third Gender _____

Does anyone in your group have specific needs regarding bathrooms or communal living?

Yes No Please specify: _____

*The reason we ask is so that we can be as inclusive and welcoming as possible as we prepare for your group's stay. Trans, non-binary, and LGBTQIA youth can experience distress and marginalization when sharing accommodations in a group setting. It is our hope to make sure that all youth feel as safe and as welcomed as possible. You will have access to two communal bathrooms, and we encourage you to be thoughtful about gender diversity as you decide how to use those bathrooms. Please contact the Director if you have any questions or would like to think through this together!

Payment

Please select your program option and rate:

- Alternative Break Program (full week) = \$250/Person
- Housing + Program (full week) = \$200/Person
- Housing Only (full week) = \$150/Person
- Housing + Program (less than 5 days) = \$35/Person/Day
- Housing Only (less than 5 days) = \$25/Person/Day
- Other (please specify)*: _____

*Special circumstances that have been discussed with the Director.

Balance Calculator:

Your Rate: _____ X Total Group Number: _____ = _____ (Total Balance)

Deposit Calculator:

50% of Total Balance = _____ (Deposit)

Deposit is due at registration, and final balance is due 2 weeks before your trip.

Checks should be payable to:

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4111 Connecticut Street
St. Louis, MO 63116
Federal Tax ID: #43-0655870

How did you hear about AMEN St. Louis? (Check all that apply)

- Recommendation (please specify) _____
- Past experience (please specify) _____
- Website (please specify) _____
- Brochure (please specify) _____
- Mailing (please specify) _____
- Denominational Listing (please specify) _____
- Publication Listing (please specify) _____
- Convention/Conference/Event (please specify) _____
- Other (please specify) _____

AMEN St. Louis Office Use Only

- Deposit Received Date
- Deposit Receipt Sent
- Final Head Count
- Final Invoice Sent
- Sites Scheduled
- Welcome Packet Sent
- Final Balance Received Date
- Final Balance Receipt Sent
- Volunteer Appts. Confirmed
- Group Leader Intro & Detail Email
- House walk through
- Notes: