



275 Main St
Broomfield CO 80020
303-579-9868
Fax 303-469-2454

Front Range Unitarian Universalist 9th Grade Trip Responsible Adult (R.A.) Agreement

Name: _____

Church Affiliation: _____

Date of Birth: _____

Address: _____

City, ST Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address (**Please** print clearly): _____

I have read and agree to the terms of the Covenant. (initial) _____

I have read and agree to the R.A. expectations. (initial) _____

I have read and understand the R.A. schedule. (initial) _____

Signature: _____ Date: _____