

# Student Biography

Dear Parents,

Here is new form. Before you get all excited or maybe even giddy about the prospect of yet another form for our youth trips here at Plymouth Park, let me explain this one.

This form may prove to be one of our most valuable ones. The personal and spiritual development of your youth is very important to me. If you would consider taking the time to complete this, it could greatly enhance the opportunities and abilities we have to foster your youth growth. Therefore, this form could improve their opportunity for a fulfilling and memorable camp.

Thank you again for your valuable time.

## Jeff Cullen

Director of Student Ministries  
Plymouth Park United Methodist Church  
1615 W. Airport Frwy  
Irving, TX 75062  
Office (972)255-4185  
Mobile (972)415-4277

Students Name: \_\_\_\_\_

List and discuss any special needs your youth may have as well as other Physical or psychological conditions ( This will not substitute the Medical Release Form)

---

---

---

---

---

---

What do you desire your youth to gain from mission trip?

---

---

---

---

---

---

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_