
New United MB Church Annual College Tour

OPEN TO HIGH SCHOOL SOPHOMORES and JUNIORS with at least a 2.3 GPA

Sunday, March 16, 2024 – Thursday, March 20, 2025
(DEPARTURE WILL BE SUNDAY, MARCH 16TH TIME: 1:00pm)

Observe Campus Life First-Hand at Prestigious Colleges and Universities

Florida A&M
Albany State • Duke University
North Carolina A&T • University of North Carolina • North Carolina Central University
• Morehouse College • Spelman College
..... Plus Tickets to the Charlotte Hornet and Atlanta Hawks Game

COST: \$400 First payment of \$200 due by February 7, 2025
Second payment of \$200 due by March 8, 2025

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Enjoy Round – Trip Transportation on Luxury Motor Coach
Quality Hotel Lodging
Most Meals Provided

• **PAYMENT: All money due by March 8, 2025**

Money Orders and Bank Checks Only

Made Payable to NUMBC

Include Name(s) of Student(s) on Bank Check or Money Order

All Payments are Non-Refundable ALL MONEY IS DUE BY March 8th .
Payment arrangements can be made.

• **MANDATORY PARENT INFORMATIONAL MEETING and**
STUDENT MEET & GREET: At New United Missionary Baptist Church

Saturday March 8, 2025 @ 12N

TOUR PACKET CHECKLIST

- Completed Registration Form
- Transcript
- Completed Principal/Teacher Report
- Completed Permission & Medical Form
- Deposit

Completed Tour Packet and Payment Due by **Saturday, March 8, 2025**, To Reserve Your Space

2629 Tunnel Blvd

Chattanooga, TN

37406

423-629-2875

New United Missionary Baptist Church – College Tour 2025 APPLICATION

Part I – STUDENT INFORMATION

NAME: Last	First	Middle	GENDER M F
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Street Address:

City/State/Zip Code

Email Address: _____ Cell # _____
Current School: _____ Grade Level _____
Cumulative GPA: _____ Must be a 2.3 as of January 2019
List School, Community, Church activities you are involved in: _____

PARENT INFORMATION

Parent/Guardian: _____

Home # _____ Cell# _____ Work# _____

Email Address _____

Part II – STUDENT AGREEMENT and PARENTAL CONSENT

I HEREBY CERTIFY that all statements made herein, and on any attachments, are true and correct to the best of my knowledge. Submission of false information may result in non-acceptance on the College Tour. As a condition of my participation in the College Tour, I agree to abide by the rules of conduct and the guidance/directions of the Tour Coordinators/Counselors. **I understand that serious acts of misbehavior on my part may result in my immediate dismissal from the Tour and return home at the expense of my parents/guardians.**

Student's Name (Print)

Student's Signature

Date

I have read the conditions. My signature below and the enclosed payment indicate that my child has my permission to participate in the College Tour. I understand that **photographs** of my child will be taken during the Tour and may be included in publications of New United Missionary Baptist. I agree to the scheduled payments for this tour by bank check or money order. No personal checks, cash or credit cards accepted. I understand that the **no monies are refundable 14 days prior to the Tour**; however, they are transferable to another student.

Parent's Name (Print)

Parent's Signature

Date

New United Missionary Baptist Church
College Tour Permission & Medical Form
March 16 – March 20, 2025

Permission

_____ (student name) has my permission to travel by bus to tour Colleges and Universities and visit the other sites listed in the New United Missionary Baptist Church Itinerary for March 16 – March 20, 2025

Release

I hereby release New United Missionary Baptist Church, its staff, and volunteers from all responsibility for any injuries and/or illness to the child named above during the College tour between March 16 – March 20, 2025 and agree to indemnify, defend and hold the individual staff and New United Missionary Baptist Church harmless from all claims made by the child named above arising out of injuries, illness and/or death during this trip.

Parent/Guardian Signature

Date

Guardian Consent for Medical Treatment

I, _____, legal guardian of _____, authorize
(Parent/Guardian name) (name of child)

New United Missionary Baptist Church, its staff and volunteers to grant consent for medical treatment for this child in the case of an emergency during the College Tour, March 16 – March 20, 2025 I give permission to New United Missionary Baptist Church, its staff and volunteers to share information relevant to my child's health condition with appropriate personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's physician/counselor for the purpose of referral, diagnosis and treatment. I assume all financial responsibility for medical costs arising from emergency medical care over and above costs covered by the personal insurance benefits provided by me for the child named above.

I give my permission for New United Missionary Baptist Church, its staff and volunteers to administer Acetaminophen/Ibuprofen to my child.
____yes _____no

Parent/Guardian signature

Date

Emergency Contact Information

Parent/Guardian Name _____

Home Phone _____ Parent Cell Phone _____

Address _____ City _____ Zip _____

Employer (mother) _____ Work Phone _____

Employer (father) _____ Work Phone _____

Name of other emergency contact (relative, family friend) _____

Phone (home) _____ Phone (work) _____

Please Check All That Apply:

Heart Condition _____ Diabetes _____ Asthma _____ Seizure Disorder _____ ADD/ADHD _____ Migraines _____ Depression _____ Other _____

Medications/Other _____

Allergies (food, insects medication, environment, (specify) _____

Does your child have an EpiPen? Yes _____ No _____ Last tetanus shot (date) _____

Hearing Problems (specify) right ear _____ left ear _____ Vision Problems (specify) _____

Emergency and Hospitalization Insurance

Insurance Company _____ Policy # _____

Name of Primary Person Insured _____ Pre-admission telephone # _____

Name of Primary Physician _____ Primary Physician telephone # _____

**IF SUBMIT BUTTON DOESN'T WORK, PLEASE FILL OUT AND
SUBMIT TO: OFFICE@NEWUNITED.ORG**