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# New United MB Church Annual College Tour

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

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Sunday, March 16, 2024 – Thursday, March 20, 2025  
(DEPARTURE WILL BE SUNDAY, MARCH 16<sup>TH</sup> 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

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

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**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 8<sup>th</sup> .**  
Payment arrangements can be made.

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

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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

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**New United Missionary Baptist Church – College Tour 2025  
APPLICATION**

**Part I – STUDENT INFORMATION**

<b>NAME:</b>			<b>GENDER</b>
Last	First	Middle	M    F

**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 # \_\_\_\_\_

**PLEASE FILL OUT AND SUBMIT TO: OFFICE@NEWUNITED.ORG**