



275 Main St; Broomfield CO 80020; 303-469-9417; 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. position description. (initial) _____

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

Signature: _____

Date: _____