

Application for  
**A JOURNEY INTO MISSION WITH  
COVENANT PRESBYTERIAN CHURCH**

Trip \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phones (H) \_\_\_\_\_ (O) \_\_\_\_\_

Cell \_\_\_\_\_ T-shirt size \_\_\_\_\_

E-mail \_\_\_\_\_

Sex:  M  F Date of birth \_\_\_\_\_

Describe any allergies, special diet needs, or other health conditions that might require special attention: \_\_\_\_\_

\_\_\_\_\_

Medications \_\_\_\_\_

\_\_\_\_\_

Do you agree to get (or confirm) all required immunizations prior to the trip? \_\_\_\_\_

Do you have medical insurance?  Y  N

Please attach a photocopy of the front and back of insurance card, as well as photocopy of driver's license and (if applicable) passport

What languages do you speak? How well? \_\_\_\_\_

\_\_\_\_\_

Dietary restrictions? (describe) \_\_\_\_\_

\_\_\_\_\_

**High School Students/College Students/Adults**

Will you be available for the Mission Fiesta on Sunday, February 28?  Y  N

**Fiesta**

Fiesta donation ideas must be submitted by January 25

If you know what you will donate, indicate here

\_\_\_\_\_  
\_\_\_\_\_

Why do you feel called to participate in this mission trip?

\_\_\_\_\_  
\_\_\_\_\_

What are your particular gifts? What are your personal interests and hobbies?

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

For more information about these trips, contact one of the following. Applications can be returned to the church office to the attention of:

Claire Lowrance (Middle school and Quest)  
704-804-7569; [claire.lowrance@covenantpresby.org](mailto:claire.lowrance@covenantpresby.org)

Neeley Lane (High school)  
704-804-7563; [neeley.lane@covenantpresby.org](mailto:neeley.lane@covenantpresby.org)

Carla Leaf (College and adult )  
704-804-7578; [carla.leaf@covenantpresby.org](mailto:carla.leaf@covenantpresby.org)