

Application for A Journey into Mission

Trip _____ Name _____

Home Address _____

Phones (H) _____ (O) _____ (M) _____

E-mail _____ Sex: M F Date of birth _____ T-shirt size _____

Any allergies, dietary needs or other health conditions that may require special attention:

Medications _____ Are your immunizations up to date? _____

Do you have medical insurance? Y N Please attach photocopy of your medical insurance card and driver's license.

What languages do you speak? _____

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

What are your particular gifts, hobbies and interests? _____

Will you be available for the Mission Auction on Sunday, Feb. 26? _____

If you know what you will donate, please indicate here. _____

Signature _____

Date _____

*Trip costs include air fare, most meals, lodging and transportation. Deposits are non-refundable.