Mexico Mission Trip Application

Contact Information	
Full Name (First, Middle, Last)	
Cell or Home Phone	
E-Mail Address	
Travel Information	
Passport #	
Passport Expiration Date	
Date of Birth	
Previous Mission Experience	
-	ence with mission trips or local mission work.
,	·
Person to Notify in Case of	Emergency
Name	
Relationship	
Phone	
E-Mail Address	
Agreement and Signature	
	affirm that I intend to participate in the Mexico Mission Trip. I understand
	efundable. I agree to participate in pre-trip meetings, activities, and events
Name (printed)	
Signature	
Date	
Trip Funding	
•	alled to participate in this mission trip is able to do so regardless of
It is our wish that every person called to participate in this mission trip is able to do so regardless of financial ability. However, we also recognize that part of this call involves financial as well as personal	
sacrifice. Therefore, each person is asked to pay as much as they are able of the full cost of the trip. We	
will do our best to help you acquire additional funding if needed to make this opportunity possible.	
I am able to pay in full the cost of the trip by the final payment due date.	
I am unable to pay in full	I the cost of the trip, but I can pay \$ by the
final due date. I will need assistance in raising the additional funds.	