



Mission trip application

FIRST NAME _____ LAST NAME _____

PREFERRED NAME _____ DATE OF BIRTH _____ AGE _____

ARE YOU A U.S. CITIZEN? _____ IF NOT, COUNTRY OF ORIGIN _____

T-shirt Size: Men's Adult: S___ M___ L___ XL___ XXL___

Ladies' cut V-neck: S___ M___ L___ XL___ XXL___

Passport Information

DO YOU HAVE A PASSPORT? YES No

PASSPORT NUMBER _____ EXPIRATION DATE _____

NAME AS IT APPEARS ON PASSPORT _____

***IF YOU DO NOT CURRENTLY HAVE A PASSPORT, WE RECOMMEND THAT YOU APPLY FOR ONE WITHIN SIX MONTHS OF THE TRIP.**

Contact Information

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

WORK PHONE NUMBER: _____

WHAT IS THE BEST WAY TO CONTACT YOU? EMAIL ___ HOME # ___ CELL # ___ WORK # ___

TRIP DATES YOU ARE INTERESTED IN: _____