

# Missions Trip Application



## Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*(As it appears on your passport)*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ KTN #: \_\_\_\_\_

Trip Applied for check one: **Guatemala April 2023**  **Guatemala December 2023**

Have you ever been on a mission trip? **YES**  **NO**

If yes, when and where did you go? \_\_\_\_\_

Do you have any medical concerns or allergies? **YES**  **NO**

If yes, explain: \_\_\_\_\_

Please list any skills you have: \_\_\_\_\_  
(i.e. Spanish, play guitar etc.)

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Beneficiary (for travel insurance): \_\_\_\_\_

## Commitment and Fees

**Trip Fee is \$1,700.00 – this includes housing, food, airfare, background check and travel insurance.**

Payment Schedule
\$300.00 due with submission of this application
\$550.00 due 90 days before the trip
\$550.00 due 60 days before the trip
\$300.00 due 30 days before the trip

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*With my signature, I commit to following all team rules as established by the team leaders. I acknowledge and accept that **all trip fees are non-refundable** once I am accepted to the team. I also understand that emergent cases that would prevent me from traveling will be handled on a case by case basis. (Fees submitted electronically incur a 3% charge)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_