

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 2026** ☐ **Guatemala November 2026** ☐ **Guatemala December 2026** ☐

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: _____