



Short Term Mission Trip Application

Please complete this application form and attach a copy of your passport.

If more than one family member is participating in the same trip, please complete a form for each member.

Destination Brazil **Trip Dates** June 2011 **T-shirt size** _____

Name (as it appears in your passport) _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____ **Birthdate** _____

E-mail _____ **Occupation** _____

Marital Status _____ If married, does your spouse support you making this trip? Yes No

Have you traveled outside the US before? _____ If so, where? _____

Do you already have a valid U.S. passport? _____ **Passport Number** _____ **Expiration** _____

Do you have medical insurance Yes No If so, name of insurance carrier? _____

Church Name _____ **Denomination** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone (____) _____ **How long have you attended?** _____ **Name of Pastor** _____

If other family members are participating in the same trip with you, list their names and their relationship to you.

What languages other than English do you speak fluently? _____

List any medicine and/or food allergies you have: _____

List any medical conditions that may need to be addressed during your trip (i.e. Asthma, diabetes, heart condition, etc...) Having a medical condition does not exclude you from trip participation. This info is for team leaders.

Name and phone numbers of someone in the U.S. we can contact in case of an emergency:

Name _____ **Relation** _____

Home Phone _____ **Cell** _____ **Work** _____