

20010-11 MISSION TRIP APPLICATION
Trinity Presbyterian Church

Trip(s) for which you are applying: _____

Dates of trip(s): _____

GENERAL INFORMATION

Personal Data:

Full Name (as it appears on your passport): _____
(First) (Middle) (Last)

Preferred name: _____

Mailing Address: _____

Telephone: (home) _____ (work) _____ (cell) _____

E-mail: _____

Marital Status: Single Married Divorced Widowed

Birth date: ____/____/____ (If under 18, please provide guardian's full name, address, and telephone))

Birthplace: _____

Passport Information: (Please attach a copy of your passport photo page to this application)

Passport Number: _____

Date of Issue: ____/____/____ Place of Issue: _____

Expiration Date: ____/____/____ (must be at least 6 months after return date of trip)

MEDICAL / EMERGENCY INFORMATION

General Health: Excellent Good Poor Do you smoke? Yes No

Please explain any of the following which you have (or indicate "not applicable"):

Allergies _____

Dietary Restrictions _____

Physical Challenges _____

Emotional Challenges _____

Any medications you are presently taking _____

6. Please describe previous experience and/or personal skills that would enhance your contribution as a participant on this mission trip.

7. What are your skills, interests, or hobbies (such as photography) that might be useful on the trip or in the interpretation experience after the trip?

Submitted, this _____ day of _____, 2008.

Applicant