



## Short-term Mission Trip Application (groups, families and individuals)

Name \_\_\_\_\_

Church or Organization \_\_\_\_\_

Contact information:

Phone (work) \_\_\_\_\_ (mobile) \_\_\_\_\_ (home) \_\_\_\_\_

Email \_\_\_\_\_

Preferred dates of trip:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Potential number of group members \_\_\_\_\_ female \_\_\_\_\_ male \_\_\_\_\_

Particular talents, abilities and interests of group members:

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Questions:

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