

TEAM DATE _____

**Please contact the US Office regarding specific flights you need to be on. (407) 240-4058 and ask for Christy.
You must attach a copy of your flight itinerary to this application.**

Member Code # _____

Have you been on a trip with New Missions? Yes No Date of last visit: _____ Where? _____

Full Name _____ Nickname _____ Birthdate _____ Male Female

Address _____ City _____ State _____ Zip _____

Email Address _____ Telephone (_____) _____

Home Church _____ Pastor's Name _____

Church Address _____ Telephone (_____) _____ Years Attended _____

T-Shirt size: Small Medium Large X-Large XX-Large

Please list your top three skills for use on the mission field.

1. _____ 2. _____ 3. _____

Occupation: _____

Whom we should contact in the case of an emergency: Name _____ Relationship _____

Address _____ Telephone (_____) _____ Email _____

Beneficiary (for trip insurance purposes): _____

List any diet restrictions or needs: _____

Please give a statement regarding your general health: _____

Which foreign languages do you speak? _____

How did you hear about New Missions? _____

If you sponsor a child with New Missions, what is his/her name and identity number so we can make arrangements for you to visit your child.

Passport# _____ Issuing Country _____ Expires _____

I have read and understand the Waiver and Release form; attached hereto as page 2 of this Application. I agree to provide my own personal accident/health insurance.

(SIGNATURE)

(DATE)

(PARENT'S SIGNATURE FOR VISITORS UNDER THE AGE OF 18)

(DATE)



**PLEASE HELP
BRING NEEDED
SUPPLIES!**

Call our office if you can reserve one suitcase for priority supplies from the Orlando office.

This application must be returned with a \$100 deposit 60 days prior to trip to secure your spot. The balance of your mission lodging fee must be paid in advance to the U.S. office at least 30 days prior to your trip date. Mastercard and Visa accepted.