



Mission Trip Application

Project/Trip Name: _____

Trip Date/Location: _____

Participant Name: _____

Participant Email: _____

Date of Birth: _____ Place of Birth: _____

Address: _____

Parent(s)/Guardian(s) Name: _____

Phone Numbers - Home: (____) _____ Work: (____) _____ Cell:(____) _____

Parent(s)/Guardian(s) Email: _____

Emergency Contact: _____

Phone Numbers - Home: (____) _____ Work: (____) _____ Cell:(____) _____

Passport #: _____ Date issued: _____ Expiration Date: _____

Issue location: _____

Are you a member of Crowfield Baptist Church? Yes _____ No _____ How long? _____

If NO, where is your current church membership? _____

Please describe/list any pre-existing medical conditions/medications you have or take:

Have you been on a mission trip before? Yes _____ No _____

When? _____ Where? _____

Have you received financial support from Crowfield Baptist Church for a previous trip?

Yes _____ No _____ When? _____ Where? _____

Is financial assistance needed in order to make this trip possible? Yes _____ No _____

- **If requesting financial assistance, please complete a Scholarship Application as well.**

Please describe the purpose of this trip and your motivation for participating:

