## **York Alliance Church Mission Trip Participant Form**

Mission Trip:		
Name:		Date:
Address Street:		City:
State:	Zip:	
Cell Phone:	Email:	
Church Home:	Pastor's Name	ə:
How long have you attended	d?	
MISSION TRIP EXPERIEN	CE	
Have you ever been on a m	ission trip before?	How Many?
If so, list your most recent tr	rip(s)	
What was the purpose of th	e trip, and what role did you	ı play?
TRIP APPLICATION		
Why do you want to go on the	his trip?	
How would you describe yo	ur relationship with Jesus?	

What are your goals / expectations for this trip?						
REFERENCES						
Name:	Cell Phone: _					
Relationship to you:						
Name:	_ Cell Phone: _					
Relationship to you:						
HEALTH INFORMATION						
Present health condition (circle one):	Excellent	Good	Fair	Poor		
Do you have any concern about your trip? If yes, explain:	ability, physica	l or otherwi	se, to particip	ate on this		
I understand that if selected to go on meeting all financial commitments, at other areas of preparation. I also und representing both Jesus and York Alli willing and humble heart. I agree to b the leadership placed over me.	tending all tean erstand that by ance Church, a	n meetings, participatin and it is my	and participa g on this trip l desire to serv	iting in I am ve with a		
Signature		Date				

Please include your deposit made out to "York Alliance Church" with trip name and participants name listed in the memo field, and return it with this form.

(If applicant is under the age of 18, a parent or legal guardian must also sign)
I, the parent/legal guardian of the above applicant, understand the responsibilities for him/her to meet all financial commitments, to attend all team meetings, and to participate in all other areas of preparation. I also understand that by participating on this trip my child is representing both Jesus and York Alliance Church, and they have a desire to serve with a willing and humble heart. They will agree to be an active part of the team and willingly submit to the leadership placed over them. I hereby give my child permission to participate.

Signature	Date	

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