

Short Term Mission Team - Member Registration

Mission Trip to **Memphis, TN**

Travel Dates: **October 14 - 20**

Name: _____

Home Address: _____

City, State, Zip: _____

E-Mail: _____

Cell Phone: _____

Date of Birth: _____

Emergency Contact Person: _____

Home Phone: _____ Work Phone: _____

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Do you have any medical concerns that the leader should be made aware of? (EpiPen – Asthma)

If yes, what are they?

Are you covered by a medical plan?

Please bring your card on the trip

Do you have any food allergies?

If yes, what are they

Please list any prior short-term mission experiences: (Location, duration, year, type of work, organization)

How will your relationship with Christ be a part of participation in a short-term mission trip?

Why do you want to participate in a short-term mission trip?

What do you hope to contribute?

What do you hope to gain?

What do you feel will be your biggest challenge? (lack of sleep, don't like the food, getting to know strangers)

Are you willing to participate in all preparation meetings for the trip?

By participating in this short-term mission trip, I agree:

- 1) That my cost for this trip will be raised and paid 30 days before the mission trip, and that I trust God to provide. I understand that the trip will cost approximately \$500 including transportation and that scholarships will be available to help with this fee.
- 2) That I will participate in forming a Mission Team Covenant and will abide by it.
- 3) That I accept complete responsibility to ensure I have whatever medical coverage I determine is necessary for the time I am involved in the mission trip.
- 4) That I am aware that this trip will require good physical health and feel that my current health will allow me to participate.

Signature: _____ Date: _____