

Mission Team Application

Name: _____ Date of trip: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Check one: _____ Male _____ Female Age: _____

If you are an unaccompanied youth, list your sponsor. _____

Will arrive by plane: Flight # _____ Airline _____ Time: _____

Will arrive by other means: _____

Do you speak Spanish? _____ (not required!)

Special Needs: Health etc. _____

Indicate any special talents or skills (musical instruments, carpentry, cooking, leadership skills, etc.) _____

Why do you want to go on this mission adventure? _____

Please include one application for each person and a deposit of \$100 with this application. Check payable to Resurrection Lutheran Church. May Jesus bless your desire to serve Him and His children.