

Short-term Mission Trip Agreement

TRIP INFORMATION

(To be completed by the trip sponsor)

Location of mission trip: _____

Dates: _____

Sponsoring church (trip sponsor): _____

PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian)

Participant's name: _____

Address: _____

Person to contact in case of emergency: _____

Phone: _____

List all current:

Allergies: _____

Illnesses: _____

Physical problems: _____

Medications: _____

Name of health insurance company covering participant: _____

Insurance company address: _____

To attend the mission trip, the reverse side of this form must be read and signed.