

Hands and Feet Ministries Mission Trip

Name _____
Address _____
Age _____
T-shirt Size(s) _____

E-mail _____
Telephone # _____
Cell # _____
Place of Worship _____

For Families:

Name _____
Name _____
Name _____
Name _____
Name _____

Age/Relationship _____
Age/Relationship _____
Age/Relationship _____
Age/Relationship _____
Age/Relationship _____

Please inform us of any health restrictions/ special needs (including dietary) you or any of your family may have, as well as plan of treatment:

Date of trip:

_____ - _____

Please read and sign the following statement:

I (name) _____ understand that a \$100 per person, non-refundable (but transferrable) deposit is due with this application. I understand that my balance is due by the date stated by my Team Leader. I agree to abide by the Code of Conduct and all policies and procedures as outlined in the Mission Team Handbook.

Signature _____ Date _____

*Parent's signature _____ Date _____

*Parent must sign and date if applicant is under age of 18. All signed affidavits must be turned in with minor's application.

Received Deposit amt. _____ Check Cash Date _____
Received Balance amt. _____ Check Cash Date _____