

Mission Trip Application

Guatemala 10/11-10/15/25



Contact & Passport Information (name must match passport name)

First Name	
Middle Name	
Last Name	
Date of Birth	
Passport Number (leave blank if not available)	
Passport Issue Date	
Passport Expiration Date	
Email	
Address	
City, State, Zip	
Phone Number	

Other

T-shirt Size: S M L XL

Health

Are you currently taking any medications? YES NO

If yes, please list the medication names, dosages and frequency of doses.

Do you have any physical conditions that may limit you? YES NO

If yes, please describe.

Do you have any allergies or special dietary restrictions? YES NO

If yes, please describe.

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Person to Notify in Case of Emergency (2 required)

Name	
Home Phone	
Cell Phone	

Name	
Home Phone	
Cell Phone	

Finance

Cost: \$2,000-\$2,400 *

* Price is subject to a decrease or increase based on cost of flights. This will be communicated 90 days before departure.

Team member assumes all responsibility for timely payments. Payment Schedule based on \$2,000 cost of trip:

Payment Schedule

6/1/25	\$300.00
7/1/25	\$600.00
8/1/25	\$600.00
9/1/25	\$500.00

Cost includes flight, meals and lodging expense from touchdown to takeoff. Meals on travel days are not covered.

Any donations made by check are to be made out to Youngsville Community Church with "mission trip" in the MEMO section. Please do not write the team member's name on the check. All payments/donations toward your mission trip are considered a donation to Youngsville Community Church and are fully tax-deductible. In order for contributions to be tax deductible, donations must be released at the discretion of Youngsville Community Church and cannot be refunded for any reason.

Team members who voluntarily drop off the team after receiving donations or making payments toward their trip balance may not direct the use of those funds in any way, nor may they request a refund.

Consent

Signature	
Printed Name	

If under the age of 18,

Parent Signature	
Parent Printed Name	
Parent Phone No.	