

EMBRACE MISSIONS

FEE SCHEDULE

COUNTRY:

DATES:

FEES PAID TO AGCI

TYPE	AMOUNT	DEADLINE
Application Fee		
Trip Payment		
Airline Payment*		
Final Trip Payment		
TOTAL		

OUT OF POCKET EXPENSES

TYPE	AMOUNT	DEADLINE
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* Nonrefundable with cancellation

By my signature below, I indicate that I have received and reviewed a copy of this Fee Schedule and promise to make payments to AGCI on the date due.

PRINTED NAME OF APPLICANT

DATE

APPLICANT'S SIGNATURE (or legal guardian, if applicant is under 18 years of age)

DATE