

Mission Trip Application
UCC First Church of Nashua, NH

For office use only:	DR: \$300.00
Date/time application received:	Deposit payment \$ SD: \$250.00

Trip you are interested in _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (cell) _____

E-mail _____

Date of Birth _____ Grade _____ Gender (circle one) M F

First Church Member (circle one) Yes No

In what other, if any, mission trips have you participated? _____

What is your present and past involvement with First Church? (If not a member of First Church, please indicate your present involvement with your own religious community.)

Why are you interested in participating in this mission trip? _____

I understand the following: (please initial)

___ I am responsible for paying/raising the agreed upon financial support

___ I am responsible for attending team meetings in preparation for the trip

___ I am responsible for receiving proper immunization in order to participate

___ I am responsible for applying for and purchasing a passport (for trips outside the U.S.)

Health Information

Please describe your general health condition: Excellent _____ Good _____ Fair _____

Do you have any allergies? Yes No (If yes, please explain) _____

Do you have any physical challenges? Yes No (If yes, please explain)

Do you have any emotional challenges? Yes No (If yes, please explain)

Dietary Restrictions? Yes No (If yes, please explain)

Contact Information

Contact _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (cell) _____

Email _____