

**First UMC
Mission Trip
Information Sheet**

Destination of this Trip: _____

(Refundable) \$50 registration fee attached? Yes No

Please complete the following form if you would like to be considered when filling available slots on a mission trip.

Date of Application _____ Trip Date(s) _____

First & Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone: _____

E-mail Address _____

Would you be willing and able to help with Fund Raising? Yes No

If Fund Raising is not possible, would you be willing and able to pay for the trip?
 Yes No If no, request: _____

Please state why you are interested in a mission trip. List any skills that may be helpful.
