

# Student Participant Registration

Children's Heritage Foundation

## MISSION TRIP 2012

**Haiti - March 31st**

**Mail to:** Children's Heritage Foundation, 991-C Lomas Santa Fe Dr, PMB 427, Solana Beach, CA 92075  
For questions please contact: Robert Lewison, 619-787-8587, robert@childrensheritagefoundation.org

Student Name _____		Date _____
Parents Mother _____	Father _____	
Address _____	City _____	Zip _____
Student E-mail _____	Family E-mail _____	
Home Phone _____	Student Cell _____	
Father's Work Phone _____	Mother's Work Phone _____	

### Passport Info:

Do you have current passport?  Yes  No

Name as it appears on passport \_\_\_\_\_ Passport ID # \_\_\_\_\_

Student Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Will you be able to raise the necessary financial support required for participation on the missions trip?  Yes  No

Are your parents interested in participating on the trip?  Yes  No

Mother's signature \_\_\_\_\_ Father's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

### Emergency Contact info:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_





## 2012 Mission Trip Application

### **For the Student:**

By signing this application I (the student) understand that I am responsible for my deposit and inevitably the full cost of my trip (which will be raised by me).

A \$150 nonrefundable deposit is due with your application to secure your spot on this trip. Once the trip has been booked with the airline you are responsible for all fees and costs paid to the airline. I also understand that preparation for this trip is crucial and promise to attend the mission trip meetings and fulfill all of the requirements for participation. If I fail to meet these requirements, I understand that I may be asked to give my spot to another student who can cover the requirements.

Finally, I agree to participate fully in the mission trip regardless of what obstacles we may encounter. I understand that mission work is hard and promise to give of my whole self, allowing Christ to work through me. I understand that housing may be cramped and uncomfortable, that the environment maybe extreme and food maybe different and limited and I fully welcome these challenges and opportunities.

Student Signature: \_\_\_\_\_

### **For the Parents:**

By signing this application I (the parent) understand that my family is responsible in supporting my child monetarily, physically and mentally. I promise to help my child in raising the funds and participating in the mission trip meetings to the best of my ability. I understand that we are responsible to cover the cost of the trip if the funds are not fully raised by fundraisers.

I promise to help keep track of times and dates to insure that my child is on time to meetings and events. I will do everything in my power to keep the leadership of the trip appraised of any conflicts or issues. I understand that my child maybe asked to give up their spot on the trip if we fail to meet the minimum requirements.

Finally, I understand that my participation and encouragement is vital to the overall group mentality. I agree to support my child and the youth program in this mission trip in every way that I can.

Parent Signature: \_\_\_\_\_



## 2012 Mission Trip Application

Why are you interested in participating in this mission trip?

What are your expectations for this trip experience?

What are some of the gifts you feel you would bring to this group experience?

Are connected to a local church Yes No

If yes, church's name \_\_\_\_\_

Youth Pastor \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone number \_\_\_\_\_



## 2010 Mission Trip Application

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

What are your skills, interests, or hobbies (such as photography) that might be useful on the trip or in the interpretation experience after the trip?

How would you describe your health?

Excellent      Good      Fair      Poor

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

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

Please provide two personal references.

Name \_\_\_\_\_

Nature of Relationship \_\_\_\_\_ Years known \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_

Nature of Relationship \_\_\_\_\_ Years known \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_