

Student Participant Registration

Children's Heritage Foundation

2012 MISSION TRIP APPLICATION

Haiti - May 27th - June 3rd

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 _____ State/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 _____ Gender _____

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 _____

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. Payment schedule is as follows:

Summer 2012 (Tri-City Christian)-

- **December 5th - Application & Deposit (\$150)**
- **January 15th - \$1,000 due**
- **March 4th - \$600 due**
- **April 15th - Final Payment \$450 due**
- **Total - \$2,200**

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 apprised 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/school Yes No

If yes, name _____

Youth Pastor/Teacher _____

E-mail address _____

Phone number _____



2012 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 _____