**Corona SDA Church Mission Trip to Guyana Application**

**(July 12-23, 2017)**

**PLEASE PRINT CLEARLY**

**Price of the Mission Trip: $1400.00. The fee for 2 or more members of a family will be $1200.00 each.**

**Payment Schedule:**

First Payment: $400. Due Feb 20, with application, confirmation of extension, and copy of your passport

Second Payment: $500. Due Mar 20, with extension payment

Third Payment: $500. Due Apr 20

Extension to Trinidad, Tobago July 23-26. **10 Rm reserved on a first come basis.**

I plan on going on the extension. Yes No

Option # \_\_\_\_\_, **See General Information** Total \_\_\_\_\_\_\_\_, How many to the rm.

Extension Payment dues: March 20.

Group Leader: *Corona Seventh-day Adventist Church, Sharon Anderson*

*Name as it appears on your passport*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date **D**\_\_\_\_\_\_**M**\_\_\_\_\_\_**Y**\_\_\_\_\_\_\_

**Attach legible color copy of your Passport**

Date of Birth **D** \_\_\_\_\_\_**M**\_\_\_\_\_\_**Y**\_\_\_\_\_\_\_\_\_\_\_ Gender: M F

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a Corona SDA Church polo shirt? Yes No

If not, what size do you need? XS S M LG XL XXLG

**Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Daytime Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that everything in this application is correct. I (we) wish to participate in this short-term service project and will uphold all guidelines and requirements set forth by the sponsoring organization. I (we) also agree to the payment guidelines as stated herein.

Your Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_