

LIVING HOPE GLOBAL MINISTRIES

Short Term Mission Trip Application Form

Applicant Information

Anticipated Trip Date: _____

Full Name: _____
(As it appears on passport) (Last) (First) (Middle)

DOB: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (Home) _____ (Cell) _____
(Work) _____

Email: _____

Occupation: _____

Please list any professional training, trades or certificates you may have:

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Emergency Contacts:

Full Name: _____

Relationship: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

Address: _____

Full Name: _____

Relationship: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

Address: _____

Travel Information:

****Please attach a photocopy of the information page of your passport with your application****

First choice departure airport: _____

Second choice departure airport: _____

Passport Number: _____

Country of issuance: _____

Passport Expiration: _____

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Medical Information:

Do you need trip insurance? Y/N

How would you describe your health?

Insurance Company: _____

Policy No: _____

Does your medical insurance cover injury or illness while traveling overseas? _____

Please list any health concerns, allergies, medical conditions, or special needs you may have:

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Payment Information:

A deposit must be submitted with the application to secure your spot on the trip. All deposits are non-refundable due to purchasing airline tickets and pre-paying your travel expenses in China. Full payment must be received by the deadline.

Check (enclosed)

Credit Card

Card Type: Visa MasterCard Discover

Card Number: _____

Expiration: Month _____ Year _____

Cardholders Name: _____

Billing Address: _____

Amount: \$ _____

Signature Authorization: _____

Please mail in the completed application form as a group with payment and a photocopy of the information page of your passport to:

Living Hope Global Ministries
P.O. Box 487
Montgomeryville, PA 18936-0487

Applicant's signature:

Parent's Signature if under 18 years of age:
