

SeaCoast Grace Church Mexico Outreach

-Application-

GENERAL INFORMATION

To register, mail your completed application, a photocopy of your passport and a \$50.00 trip deposit to the address at the end of this form. The Contribute Department will confirm via email that we received your application and that you are registered for the upcoming trip. The total trip cost per person is \$305.00.

All travelers are required to be in good physical health. Applicants must be at least 11 years old to participate. Travelers between 11 and 18 MUST be accompanied by a parent or legal guardian.

Full Name (as it appears on your passport): _____

Preferred Name (if different): _____

Permanent Address: _____

Home Phone: (____) _____ Cell Ph: (____) _____ Work Ph: (____) _____

E-mail: _____

Gender: ___ Male ___ Female Date of Birth: ___/___/_____

Who do you plan to travel with, if anyone? _____

CHURCH INFORMATION

How long have you attended SeaCoast Grace Church? _____

What service do you attend? Main (Time: _____) – Seal Beach – Traditions

Have you attended Next Steps 101? ___ Yes ___ No

Are you a member of a Small Group? ___ Yes ___ No

Are you involved in an ongoing ministry at SCG or elsewhere? Please explain: _____

Have you participated in SCG's Mexico Outreach trips in the past? Please explain: _____

Do you have professional construction experience? Please explain: _____

Are you interested in training to be a trip leader? ___ Yes ___ No

PASSPORT INFORMATION

**Your passport must be valid for at least six months after the planned travel dates.*

Passport Number: _____ Issue Date: _____

Expiration Date: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____

EMERGENCY CONTACT

Parent/Spouse: _____

Address of Parent/Spouse: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Emergency contact other than parent/spouse: _____

Relationship: _____ Phone:(_____) _____

Address: _____

MEDICAL INSURANCE

Medical Insurance Company: _____

Insurance Policy Holder: _____

Insurance Policy Number: _____

Insurance Company Phone Number: _____

**It is your responsibility to verify that your health insurance policy will cover you outside of the United States.*

FAMILY DOCTOR

Family Doctor or Clinic: _____

Address: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

MAIL APPLICATIONS AND SUPPORTING DOCUMENTS TO:

SeaCoast Grace Church
5100 Cerritos Ave.
Cypress, CA 90630
Attn: Contribute Department

QUESTIONS? CONTACT:

Sally Szabo
Missions Admin Assistant
SeaCoast Grace Church
Sally@seacoastgrace.org
Tel: 714-761-5100 x296