

2019 Cambodia Mission Trip Application - Adult

Open Bible Central

June 21 – July 1, 2019

\$2,500/person

To register for the Mission Trip you must complete this application and submit it along with a \$100 deposit (refundable if not approved to attend trip).
openbiblecentral.org/cambodia

Information Section

Participant Info:

Full Name (as it appears in your passport or government issued ID):

Address _____

City _____ State _____ Zip _____

Cell Phone (if available) _____

E-mail _____

Date of Birth _____ Gender F M

Home church (name and city) _____

Passport # _____ Expiration Date: _____

Country of Issue: _____

T-Shirt Size

Please check one (Adult Sizes)

XS S M L XL XXL

By signing this application, I (the participant) understand that I am responsible for my deposit and inevitably the full cost of my trip.

I also understand that preparation for this trip is crucial and promise to read the book given to me and attend the online mission trip meetings. If I fail to meet these requirements, I understand that I may be asked to give my spot to another participant 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 not be what I'm used to, that the environment maybe challenging, food maybe different or limited and I fully welcome these opportunities.

Participant Signature: _____

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What is your present and past involvement in your church?

Why are you interested in participating in this mission trip?

What are your expectations for this trip experience?

What areas are you hoping to grow?

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

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

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Please list any previous travel experience:

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

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

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

Please return this application form to Kevin Starkey by

- Scanning and emailing kevin@openbiblecentral.org
- Faxing to 515-282-9216
- Mailing to:
1920 Bell Ave.
Des Moines, IA 50315

APPLICATION IS ONLY CONSIDERED AFTER \$100 DEPOSIT HAS BEEN MADE

