

2020 Minneapolis Mission Trip Application - Student

Open Bible Central

June 25-28, 2020

\$300/person

To register for the Mission Trip you must complete this application and submit it along with a \$50 deposit (refundable if not approved to attend trip).
openbiblecentral.org/minneapolis

Information Section

Student 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) _____

T-Shirt Size

Please check one (Adult Sizes)

XS S M L XL XXL

Parent Info:

Parent(s) or Guardian(s) Name: _____

E-mail _____ (name) _____

E-mail _____ (name) _____

Cell Phone: _____ (name) _____

Cell Phone: _____ (name) _____

Work Phone: _____ (name) _____

Work Phone: _____ (name) _____

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For the Youth:

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

I also 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 may be challenging, food may be different or limited and I fully welcome these opportunities.

Participant Signature: _____

For the Parents/Guardians:

By signing this application, I (the parent/guardian) understand that my family is responsible in supporting my child monetarily, physically, spiritually and mentally. I promise to help the participant in raising the funds and participating in the mission trip meetings to the best of my ability.

I promise to help keep track of times and dates to ensure that my child is available for online meetings. Finally, I understand that my participation and encouragement is vital to the overall group mentality. I agree to support my child and the mission group in this mission trip in every way that I can.

Parent Signature(s): _____

For the Pastor:

By signing this application, I (Youth Pastor/Director, Lead Pastor) I affirm that I personally know the applicant, believe that they will be an asset to the team, and have no reservations recommending their participation.

Pastor Signature: _____

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What is your present and past involvement in your youth group and 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?

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

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

Please return this application form to Abby Cole by

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

APPLICATION IS ONLY CONSIDERED AFTER \$50 DEPOSIT HAS BEEN MADE

