



2012 Mission Application

Providing hope to kids around the world since 1973.

2012 Trip Information

Trip Costs

Appalachia: Adult: \$990 USD Student: \$890 USD	Cuba: Adult: \$1490 USD Student: \$1390 USD
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All other destinations:
Adult: \$1890 USD
Student: \$1790 USD

Application Fees:

Appalachia: \$50 USD
All other destinations: \$250 USD

Specifications:

* Kentucky and Virginia

- Namibia** February 9th - 22nd, 2012
- Cuba** March 10th - 19th, 2012
- Rwanda/ Uganda** April 11th - 24th, 2012
- Namibia** May 10th - 23rd, 2012
- Appalachia*** May 11th - 20th, 2012
- Romania** June 12th - 25th, 2012
- Kenya/ Uganda** July 10th - 23rd, 2012
- Uganda** July 24th - August 6th, 2012
- Appalachia*** September 21st - 29th, 2012
- Uganda** November 1st - 14th, 2012

Contact Information

Full Name: _____ **Nickname:** _____
(as it appears on passport)

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ **E-mail Address:** _____

Passport Number*: _____ **Expiration Date*:** _____ (*Not required for Appalachia Mission)

Date of Birth: _____ **Birth Country:** _____ **Gender:** _____ **Shirt Size:** _____

Departing Airport: _____ **Church:** _____

Would you like a Roommate? _____ (Single room: \$400 extra) **Name of Roommate, if known:** _____

Employer or School: _____ **Position or Grade:** _____

How did you hear about us? _____

What are you looking forward to most on this trip? _____

Student discounts are for full-time students under the age of 26. Trip costs do not include airfare or other travel costs to/from destination, excursion costs, visa fees, or vaccination costs. Active medical personnel may be eligible for free international flights on our mission trips to Uganda. Please contact us for more information.

Vaccination costs vary for each team member, depending on a variety of factors. Please consult your personal physician, local travel clinic, and/or the CDC to determine which vaccinations you'll want and which ones you'll need for your trip. Your physician, travel clinic, and/or insurance company can help you determine what the cost will be for your vaccinations.

My application fee is enclosed. I understand that this will not be applied to my trip cost and is NON-REFUNDABLE.

Signature: _____ **Date:** _____