

Enrich Missions – Nicaragua



Team/Church Name: _____

Trip Date(s): _____

Application: Please print name as it appears on your passport.

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: _____

Address: _____ City/State _____ Zip _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Occupation: _____ T-Shirt Size: S M L XL XXL

Citizenship: _____ Country of Passport Issue: _____

Passport #: _____ Exp Date: _____

Do you speak another language? Y - N

If so, what language? _____ Are you fluent? Y - N

List any special skills you feel you can bring to the trip, such as photography, writing, language skills, construction, medical, teaching, preaching, children, cooking, etc.

List previous international travel experience, if any:

Describe your state of physical fitness (include any physical limitations, etc.), dietary needs/ concerns and or medical issues/concerns (please include chronic conditions):

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____ City/State _____ Zip _____ Home

Phone: _____ Cell Phone: _____ Email: _____

Please complete the above application for each trip participant and return to Enrich Missions, PO Box 02-5640, NicaBox 6982, Miami, FL 33102-5640, with a \$100.00 nonrefundable deposit per person.

This application along with your deposit will secure your short-term mission trip reservation.

Date: _____ Signed: _____

(Trip Participant Must Sign & Date)