

SIGN UP FOR A RIDGECREST MISSION TRIP

Choose a trip you would like to go on and fill out this form.
Detach and drop in the offering plate. Someone will contact you.

TRIP _____

NAME _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____ PHONE _____

GENDER M F OCCUPATION _____

DATE OF BIRTH _____ DO YOU HAVE A PASSPORT? _____

HAVE YOU EVER BEEN ON A MISSION TRIP? _____

HAVE YOU EVER BEEN A LEADER ON A MISSION TRIP? _____

WOULD YOU BE WILLING AND ABLE TO GIVE A PUBLIC BIBLE STUDY? _____

WOULD YOU BE WILLING AND ABLE TO LEAD MUSIC? _____

DO YOU SPEAK ANY FOREIGN LANGUAGES? _____ WHICH LANGUAGE(S) _____

DO YOU HAVE ANY SPECIAL SKILLS THAT WILL HELP WITH THIS TRIP? _____

DO YOU HAVE ANY SPECIAL MEDICAL NEEDS IN WHICH WE SHOULD BE AWARE? _____

PLEASE LIST ANY ALLERGIES: _____

IF YOU ARE UNDER THE AGE OF 18, WE WILL NEED THE SIGNATURE
OF YOUR PARENT, AUTHORIZING YOU TO PARTICIPATE IN THIS TRIP.

PARENT'S SIGNATURE

DATE