

theSWITCH Mission Trip Participant Application



Please print neatly

Name: _____ T-Shirt Size (Adult sizing): _____

Date of Birth _____ Passport # _____ Passport Expiration: _____

Student Phone: () _____ Parent Phone: () _____

Student E-mail address: _____

Parent E-mail address: _____

Why do you want to go on the Costa Rica mission trip?

In the space below, share a little about your faith story. Express what your faith means to you, and give an example of how God has recently worked in your life.

I have read this application and acknowledge the information I've provided is current and accurate:

Student's signature

Date

Parent's signature if participant is under the age of 18

Date

*** A NONREFUNDABLE deposit of \$100 is required to register for the trip, due November 11
*** Fellowship Bible Church reserves the right to refuse applicants