



Dominican Republic Mission Trip

July 24 – August 3, 2009

San Francisco de Macoris, RD

REGISTRATION FORM

Please return this form along with your deposit of \$500 to reserve your place on the 2009 Dominican Republic Missions Trip. We will forward additional registration info to you. All of the contact information is important.

Tom Collins, Post Office Box 1903, Brevard, North Carolina 28712. Email: tomcollins@kw.com

	Date of Deposit: _____
Name: _____	Date of Birth: _____
<small>First Middle Last</small>	<small>(Month/Day/Year)</small>
Home Address: _____	Home Phone: _____
<small>City State Zip</small>	_____
	Email Address
Passport Information	_____
	<small>Full name as it appears on your passport</small>

	<small>Passport Number Expiration Date Expiration Date</small>
Church: _____	Age: _____
Pastor: _____	Gender: _____
Emergency Contact	
<small>First Name Last Name Relationship Day Phone Night Phone</small>	

In the space below, please describe your interest in making this trip to the Dominican Republic and list those contributions that you can make to the team (e.g., teaching, crafts, sports, music, drama, leadership, encouragement, evangelism, etc.).

The cost of the trip is \$1250 per participant. This includes round-trip air transportation, all ground transportation, lodging and meals. Individuals are responsible for their personal expenditures including entry fees (\$10) and exit fees (\$10) that are payable when arriving and departing the airport in Santo Domingo.