

# WEGO MINISTRIES

## SHORT TERM MISSION TRIP APPLICATION

Please complete this application form and attach a copy of your passport.  
If more than one family member is participating in the same trip, please complete a form for each member.

**Destination** \_\_\_\_\_ **Trip Name** \_\_\_\_\_ **Trip Dates** \_\_\_\_\_

**Name** (as it appears on your passport) \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**T-Shirt Size** \_\_\_\_\_ **Home Church** \_\_\_\_\_

If other family members are participating in the same trip with you, list their names and their relationship to you.

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Do you already have a valid U.S. passport? \_\_\_\_\_

Have you traveled outside the U.S. before? \_\_\_\_\_

If so, where? \_\_\_\_\_

What languages other than English do you speak fluently? \_\_\_\_\_

\_\_\_\_\_

List any medicine and/or food allergies you have: \_\_\_\_\_

\_\_\_\_\_

List any medical conditions that may need to be addressed during your trip (i.e. Asthma, diabetes, heart condition, etc...) Having a medical condition does not exclude you from trip participation. This info is for team leaders.

\_\_\_\_\_

\_\_\_\_\_

**Name and phone numbers of someone in the U.S. we can contact in case of an emergency:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**\*Note:** Deposit and trip monies are nonrefundable. If you are unable to participate in the trip, your funds will be used to bless another individual.

\_\_\_\_\_ **Participant's Initials**

**\*Note:** Funds collected in excess of trip cost will be placed in needed areas of WEGO Ministries.

\_\_\_\_\_ **Participant's Initials**

**Return application & passport copy to:  
WEGO Ministries  
Attn: Missions Department  
PO Box 320735  
Cocoa Beach, FL 32932**

# MEDICAL/EVANGELISM TRIP PARTICIPANTS

Destination \_\_\_\_\_ Trip Name \_\_\_\_\_ Trip Dates \_\_\_\_\_

Name (as it appears on your passport) \_\_\_\_\_

Please number the teams in order of your participation preference. We will try to place you in the group you prefer.

\_\_\_ Medical

\_\_\_ Evangelism

\_\_\_ Vacation Bible School

\_\_\_ Construction

\_\_\_ Willing to be on which ever team needs help