

Vámonos Community Ministries Mission Trip Group Application

Application Date: _____

Arrival Date: _____

Departure Date: _____

Church Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: () _____

E-MAIL Address: _____

Group Contact Person: Name _____

 Address _____

 City _____ State _____ Zip Code _____

 Phone Number: () _____

 E-MAIL Address: _____

Number of Participants: _____

Travel Mode: Flying Driving

Group type: Adults Teens Family Mixed age groups

Our Non-refundable deposit of _____ is enclosed.

Applicant's signature: _____