



# MISSION TRIP APPLICATION

## Costa Rica

June 12-19, 2026

### Personal Information

Full Name:	DOB:
Address:	
Email:	Phone:
Occupation:	Criminal Record: Y or N

### Children Participating

Name/DOB/Current Grade:
Name/DOB/Current Grade:
Name/DOB/Current Grade:

### Emergency Contact

Full Name:	
Address:	
Email:	Cell Phone:

Relationship to You:
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### Character References

Name	Relationship	Phone Number	Email

### Language Fluency (other than English)

Please list:	Conversational or Fluent
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## Medical Insurance/Information

Insurance Company:	Phone:
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Member Name:
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Group/Policy #:	Plan ID:
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Allergies:
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Dietary Restrictions:
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Health Issues:
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## Volunteer/Mission Experience

Organization:	Event:
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Organization:	Event:
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Organization:	Event:
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## Church Membership

Are you a member of CRPC: Y or N	Date of Membership:
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### What led your family to decide to take part in this mission trip?

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### In what ways do you hope this mission trip will impact your family?

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### Does your family need financial assistance to participate?

Y or N	Estimated Amount Needed:
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## Personal Testimony

**Do you know for sure, if you died today, that you would be with God in Heaven?**

**If God were to ask you, “Why should I let you into My Heaven?”, what would you say?**

## Statement of Faith

I believe the Bible is the Word of God, the only authority for faith and life. I confess that I am a sinner, unable to save myself, and I trust in Jesus Christ alone as my Lord and Savior, who lived, died, and rose again for my salvation. By His grace, I commit to follow Him as His disciple, to rely on the Holy Spirit for strength, and to support His church through prayer, service, and obedience as we proclaim the gospel together, until He comes again in glory to make all things new.

## Signature

**Please sign below to confirm that all information provided is accurate and you agree with the statement of faith.**

**Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_