



Mission Trip Destination: _____

Mission Trip Dates: _____

OCC MISSION TRIP REGISTRATION FORM

One form per participant please.

Name: _____

Address: _____

City, State, Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Email: _____

Age (as of January 1, 2010)

- Adult (over 18)
- Teen (12 – 18), must be accompanied by an adult
- Child (8 – 11), must be accompanied by an adult

Skills/Interests (check all of the following that apply)

No special skills or abilities are necessary for these trips, but if you have any of the following, it will help when grouping team members.

- I have building experience. Plumbing Electrical Masonry
- I am willing to drive a 15-passenger van.
- I am interested in cooking and preparing food.
- I have medical experience or background. Specify _____
- Other Skills not mentioned _____
- I speak (language) _____ fluently average a few words
- Dietary Restrictions _____

OCC Mission Trip Funding Information

Additional information will be provided regarding when funding contributions are requested toward OCC mission trip costs that will be incurred. **Please note:** All funds going toward OCC mission trip costs are considered contributions. They are solicited with the understanding that OCC has complete discretion and control over the use of all donated funds. These donated funds are non-refundable.

If anyone has any questions, please contact the World Outreach Ministry Leader, Tim Wade, @ tjwmaw@sbcglobal.net

STATEMENT OF COMMITMENT

I have prayerfully decided to serve on this OCC mission trip and commit to fulfill all trip commitments.

Signature of OCC Mission Trip Participant

Date