



**New Orleans Mission Trip
May 25 - 29, 2006**

**MISSION TEAM PARTICIPANT
APPLICATION AND COVENANT**

Please note: The information contained in this sheet will be kept confidential by the Team Leaders and Spiritual Director.

Personal Information:

Name: _____
Address: _____
City: _____ Zip: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Pager: _____
Email: _____

Place of employment: _____
Address: _____
City: _____ Zip: _____
Job title: _____

Date of birth: _____ Place of birth: _____
Marital status: _____

In the event of emergency, notify (person not going to New Orleans):

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Day phone: _____ Night phone: _____

**HEALTH INSURANCE: ATTACH A PHOTOCOPY OF BOTH SIDES OF YOUR
INSURANCE CARD**

Specific dietary needs:

IN FILLING OUT THIS INFORMATION SHEET, I UNDERSTAND AND AGREE TO MEET THE FOLLOWING REQUIREMENTS (please check off each one):

- Before and during the trip, I will commit myself to praying for our trip and to attendance at team meetings.
- I will be responsible for obtaining financial support of my trip, including housing, meals, airfare, and necessary immunizations (current Tetanus). Cost per person is \$250.
- For the success of this mission and the well-being of the entire team, I will fall under the authority of the Team Leadership and Spiritual Director. I will cooperate with the Team Leader's directives and decisions throughout the entire mission. The Team Leader for this trip is Tom Richards.
- During the trip, I understand and will accept conditions that may be different and uncomfortable compared with those I am used to.
- So that I will not hamper the team through avoidable illness, I will acquire all immunizations recommended by my personal physician and will carefully follow the health guidelines established for the team.
- I understand that I am expected to attend a planning and informational meeting.
- I certify that all information I have supplied in this application is true to the best of my knowledge.

Signature

Date

I have attached:

- A non-refundable \$100 deposit, due by April 16.
- Photocopy of both sides of my insurance card

Please return to: Martha Lang, Director of Outreach
Church of the Incarnation
3966 McKinney Ave.
Dallas, TX 75204
mlang@incarnation.org
Fax: 214-528-7209