

*DIOCESE OF SOUTHEAST FLORIDA SHORT TERM MISSION TRIP
TO MADAGASCAR*

PERSONAL INFORMATION

NAME _____
(First) (Middle) (Last)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PARISH _____ CITY _____

PHONE-AM (____) _____ PHONE-PM(____) _____

CELL PHONE(____) _____

EMAIL ADDRESS _____ SHIRT SIZE _____

DATE OF BIRTH _____ AGE _____ SEX _____

MARITAL STATUS: Single _____ Married _____ Divorced _____ Separated _____

SPOUSES NAME: _____ CHILDRENS NAMES _____

PASSPORT# _____ SOCIAL SECURITY# _____

DO YOU HAVE AN IMMUNIZATION CARD (Yellow) _____

PRAYER PARTNERS 1.) _____
2.) _____
3.) _____

FINANCIAL INFORMATION

THE COST OF THE MISSION IS APPROX: _____

HOW DO YOU ANTICIPATE PAYING FOR THE MISSION?

___ PAY THE ENTIRE AMOUNT ON July 15th

___ PAY \$300 ON July 15th AND THE BALANCE OF _____ TO BE RAISED THROUGH
CORPORATE SPONSORS, GENERAL DONATIONS, OR SCHOLARSHIPS.

THE TEAM WILL DECIDE THE PAYMENT SCHEDULE AT OUR June 12th MEETING