



Living Truth Church  
2018 Dominican Republic Mission Trip  
Registration

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Adult: \_\_\_\_\_ Youth: \_\_\_\_\_ (12 or younger at time of trip.)

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

What percentage of fundraising do you anticipate needing in order to pay for the trip? (Circle One)

0%                      1% - 25%                      26% - 50%                      51% - 75%                      76% - 100%

Do you currently have a passport valid through September 24, 2018 (6 Months after the trip)?

Yes

No