



Mission Trip Application for people 15 years old and younger

Application date: ___/___/___

Location & dates of Trip: _____

Personal information

Name: _____
Last First Middle

Street address: _____

City: _____ State: _____ Zip code: _____

Primary phone: _____ Email: _____

Gender: () Male () Female Date of Birth: ___/___/___

Parent's information

Name: _____ Relationship to minor: _____

Phone: _____ Email: _____

Will you attend trip with your minor? Y () N ()

Name: _____ Relationship to minor: _____

Phone: _____ Email: _____

Will you attend trip with your minor? Y () N ()

Relationship to First Baptist Wylie

Check one and complete the requested information

Family members of FBW since ___/___/___ and have attended since ___/___/___

Regular attendee since ___/___/___

Member of a church other than First Baptist Church Wylie, specify church _____

When did applicant receive salvation in Christ? ___/___/___ Please share your salvation story:

Medical History (Please list any medical conditions that the Missions department needs to be aware of)

I have read and understand the FBW financial covenant? Y () N ()

Trip participant signature: _____ Date: ___/___/___

Parent signature: _____ Date: ___/___/___