

Group Application

Contact information

Church/Group Name: _____

Denomination: _____

Address: _____

Church Phone No.: _____

Youth Leader's Name: _____

Contact Phone No.: _____

Email address: _____

Emergency Church Contact No.: _____

(For use while group is on the
Mission Trip)

Application Fee

What is the expected size of your group? _____

There is a £30* non-refundable application fee per applicant x £30 (*£25 if received by 01/12/08)

Total application fee enclosed £ _____

If your group increases or decreases in size, you must clear any changes in advance through our office.

Group info:

Where do you consider your youth group to be at, in terms of their individual relationships with God, experience in evangelism, etc?



YOUTH WITH A MISSION

Registered Office of Youth With A Mission Limited: Highfield Oval, Harpenden, Herts, AL5 4BX, United Kingdom. Registered Charity No. 264078. Company Registration No. 1049516 in England and Wales. Member of the Evangelical Alliance, and Global Connections.



Group List

Group Name: _____

Group Leader's Name: _____

Please list all team members and leaders' names on this form. Please place a '*' next to those considered leaders.

	Name	Age	M/F	S/M/L T-shirt
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



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Group Arrival & Departure Information

Group Name: _____

Group Leader's Name: _____

Form of Transportation: _____

Will you be leaving your vehicle/s here while you are on the Mission trip?: Y/N

Time of arrival on the 25th July: _____

Time of Departure on the 9th August: _____

Additional comments:

Arrival information

Please arrive by 5pm on Saturday 25th July
Registration starts at 3pm.

Departure information

You will be free to leave from 10am on Sunday 9th August, once all packing & clean up has taken place.



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*Each participant's parent/guardian must complete and sign this form.

Health & Personal Information

Name: (As it appears in passport) _____

Date of Birth: _____ Age: _____
(at the start of Mission Adventures 2009)

Passport Number: _____ Expiry Date: _____

Emergency Contact Information (completed by parents/legal guardians)

1) Name of Contact: _____

Relationship to participant: _____

Address: _____

Phone Numbers:

Home: _____

Work: _____

Mobile: _____

2) Name of Contact: _____

Relationship to participant: _____

Address: _____

Phone numbers:

Home: _____

Work: _____

Mobile: _____



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Doctor's contact details (for Emergency use)

Name of your Doctor: _____

Address: _____

Telephone No.: _____

Health Information - current condition

Do you have any medical conditions that we should be aware of (existing or previous)? Y/N

If yes, please explain:

Any special requirements? (diet, medication, etc.)

Any allergies? (food, medication, etc.)

Are you currently taking any medication? Y/N

If yes please state.

Overseas Health Insurance Information (required by all individuals travelling overseas)

Name of Insurer _____

Address _____

Telephone No.: _____

Policy No.: _____



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Parental Authorisation

Consent and the release of liability

I understand that:

1. In accordance with the 1998 Data Protection Act, the information on this application form will not be kept longer than necessary and will only be retained for the stated purposes of recording personal details.
2. I understand that if the participant exhibits destructive or criminal behaviour whilst participating in Mission Adventures, it is the responsibility of the team leaders to take appropriate action or, if necessary send them home at their expense, with a responsible adult.
3. I give permission for _____
(please fill in the name of the participant) to attend Mission Adventures (I understand that this includes the training camp in West Sussex, a mission trip abroad and a debrief day in West Sussex).
4. I give permission for video footage and photographs to be taken of the participant _____
(please fill in the name of the participant) to be used for marketing and publicity of Mission Adventures in the future (either on the internet or in paper form).

Please sign below to confirm that you have read the above statements with your son/ daughter, that you understand them and agree with them.

Participant's Signature _____ Date _____

Please Print Name _____

Signature of responsible adult _____ Date _____

Please print name _____

State relationship to participant _____



Contact details

Holmsted Manor
Staplefield Road
Cuckfield
Haywards Heath
West Sussex
RH17 5JF

Phone: 01444 440 229

Email: ma@holmsted.org.uk

Website: www.missionadventures.uk.net

Mission Adventures Staff

Marcus Stewart
Jo Parker



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