

2024 ALASKA MISSION TRIP APPLICATION

Passenger #1 T-shirt Size: _____ Sending Church: _____

Name: _____

*Clearly print name as it appears on your passport or driver's license (Last, First, Middle)

DL #: _____ Beneficiary for Insurance: _____

DL Expiration Date: _____ Gender: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Passenger #2 T-shirt Size: _____ Sending Church: _____

(If residing in the same household as Passenger #)1

Name: _____

*Clearly print name as it appears on your passport or driver's license (Last, First, Middle)

DL #: _____ Beneficiary for Insurance: _____

DL Expiration Date: _____ Gender: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Information Name: _____

Relationship: _____ Phone: _____

Housing concerns/preferences we should be aware of: _____

Health Concerns we should be aware of: _____

Prescription Medications: _____

Allergies(Medicine, Food, Other: _____

Signature of Passenger(s): _____

Date Signed: _____

Initial Deposit: \$500.00 per person is due by 12/04/ 23. This reservation deposit is to secure airfare purchase. The deposit is non-refundable after airfare is purchased without Trip Cancellation Insurance. Schedule for Remaining Balance will be emailed after commitment is made. All deposit checks should be made payable to SCBN and mailed to 5245 Hwy. 221, Roebuck SC 29376. Note in For Blank on check: Alaska

