

Haiti Mission 2017 July 17-22

*We are excited to announce our mission to the island nation of Haiti. You will need to be in Miami or Ft. Lauderdale on July 16th to fly out to Haiti on July 17. We will be accepting applications for this mission up to February 1st. We will be taking up to 25 participants on this mission. The team leader for this mission is Pastor Daniel Taylor and Matthew Perdue. **Please make all checks payable to Apostolic Crusaders and mail them to Josh Wilson at 1212 E 116th Carmel, IN 46032.***

Cost:

Description	Total
Flight Miami/Ft. Lauderdale to Port-Au-Prince	800.00*
Hotel	400.00
Outreach Supplies	50.00
<u>Gas and Bus Rental</u>	<u>200.00</u>
Total	1450.00

*flight costs from Miami to Port-Au-Prince are estimated

Dates to Remember:

- February 1st 200.00 Gas and Bus Rental
- March 1st 700.00 Airline Money is due
- April 1st 450.00 Hotel/Outreach Money

*please note all money sent in is non-refundable and if anyone is 5 days late they will lose their spot and be replaced with someone on the waiting list

Information:

- We will only be taking 25 on this mission
- You should plan on 25.00 dollars a day for spending money on food and water
- This mission is for ages 14 and up. If you are 16 or under you must come with a parent or guardian due to the extreme conditions of Haiti.
- You will need to be in good health and able to walk long distances and able to withstand tropical temperatures for long periods of time
- Please check with you doctor about vaccines and Malaria prescriptions for this mission
- We recommend your purchase travel insurance on with Travel Guard. If something does happen and the trip is cancelled due to weather or other unforeseen reason there will be no refunds on Airfare money that is sent in.
- All rooms are double or triple occupancy. If you are married you will be expected to pay 700.00 for one room. If you are coming by yourself you will be rooming with someone.

Please provide one registration form for each mission trip participant

Full Name (exactly as it appears on passport or will appear): _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: (___) _____ Cell Phone Number : (___) _____

Email Address: _____

Home Church Name: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Church Phone Number: (___) _____ Pastor's Name: _____

Name of Parent(s) or Legal Guardian(s): _____

Parent(s) or Legal Guardian(s) Phone Number: _____

Parent(s) or Legal Guardian(s) Address: _____

Passport Information (exactly as it appears on passport or will appear on your passport):

Type of Passport: _____ Authority: _____ Passport Number: _____

Nationality: _____ Date of Birth: _____

Sex: _____ City of Birth: _____ State of Birth: _____

Date of Issue (ex 28 Apr. 2002): _____ Date of Expiration: _____

(Please mail this paper in with your gas and bus rental check)

Dear Pastor,

You are receiving this letter because a young person from your church needs your permission to go on our AYC mission's trip to **Haiti** with us. I want to be the first to let you know we are very excited that a young person from your assembly is showing an interest in missions. Their burden for souls and foreign missions is a direct reflection of your leadership and passion for souls. Thank you for being a great leader.

Each young person who is interested in our mission must send in a letter of recommendation from their pastor. Please take a moment to answer the following questions:

Name of Young Person: _____

Is he/she person living holy: _____

Would you recommend this young person for this mission? _____

Do you think this young person would be an asset to this journey and why?

Any additional information on this young person:

Pastors Signature: _____

Date: _____

(Please mail this paper in with your gas and bus rental check)

Medical Release Form

Name of Parent(s) or Legal Guardian(s): _____

Parent(s) or Legal Guardian(s) Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home (____) _____ - _____
 Work (____) _____ - _____
 Mobile (____) _____ - _____

Child's Name	Please list all known medical conditions, including food allergies and or drug allergies. In addition, please list all over-the counter and or prescription drugs taken regularly.

Emergency contact #1: _____ Relationship to child: _____

Phone Numbers: Home (____) _____ - _____
 Work (____) _____ - _____
 Mobile (____) _____ - _____

Physician's Name: _____

Address: _____ Phone Number: (____) _____ - _____

Dentist Name: _____

Address: _____ Phone Number: (____) _____ - _____

Primary Insurance Company: _____

Phone Number: (____) _____ - _____

Billing Address: _____

Policy Holder's Name: _____

Address: _____

Relationship to child: _____

ID #: _____ Group/Policy #: _____

(Please mail this paper in with your gas and bus rental check)

