# Apostolic Youth Corps European Tour July 16-28, 2012 World Missions

We are excited about your interest in the upcoming AYC trip in the *Summer of 2012*. Once you have read this packet in its entirety, please feel free to e-mail or call me with any questions.

## **Airline Information:**

You will fly into Chicago on July 15<sup>th</sup> or 16<sup>th</sup>. We will be flying from O'Hare International Airport in Chicago leaving on July 16<sup>th</sup> in the evening from 3:00pm to 7:30pm. International flights require all passengers to be at the ticket counter 2 hours prior to take off. If you can catch a flight into Chicago in the morning before noon on the 16<sup>th</sup> you are welcome to come in on the 16<sup>th</sup>. There is a certain risk of missing your flight if you are delayed coming in on the 16<sup>th</sup>. If you are unable to come in before noon on the 16<sup>th</sup> we ask that you arrive on the 15<sup>th</sup> and stay in a hotel near the airport to insure you make the flight from Chicago to Dublin. The Airport code for Chicago is (ORD). You will need to book your return flight home from Chicago on the July 28<sup>th</sup> after 5 PM or you can return the next day on the 29<sup>th</sup> of July. Our flight will return back to Chicago around 3PM on the 28<sup>th</sup> of July but it will take about 1 hour to get through customs and to retrieve your luggage. If you have questions concerning this information please do not hesitate to contact Josh Wilson at 317.371.7679.

## **Passport Information:**

You will need a passport for this trip.

#### **Rules:**

- 1) Have fun on this missions trip
- 2) Stay with your adult leaders at all times
- 3) Do not have a member of the opposite sex in your hotel/dorm room
- 4) Be in your room by 11:00 pm every night unless we are out late as a group

## What to expect:

- 1. Except the temperature to be around 90 during the day and 80 during the night.
- 2. Expect to leave this trip with a burden to do missions work for God.
- 3. Expect to experience the power of God's Spirit!
- 4. Dress will be business casual for church and bring casual clothes to do outreach in.

# **Estimated Cost of trip:**

| Average Airfare to Europ | e 1200.00-1400.00 |
|--------------------------|-------------------|
| Airfare within Europe    | 200.00-300.00     |
| Hotel room               | 400.00 w/roommate |
| <b>Registration</b>      | <u>250.00</u>     |
| Total                    | 2050.00-2350.00** |

\*\*Please keep in mind this figure does not include money for daily food and public transportation, 1 week pass will run you about 22.00 USD. You will need anywhere from 600.00-750.00 USD for spending money in Europe for this trip. One meal at McDonalds will run you 10.00 USD to give you an example of cost on this trip. However the AYC staff will attempt to find lodging where they provide a free breakfast.

# **Checks:**

All checks need to be payable to the Apostolic Crusaders and should be mailed to:

Faith Apostolic Church Attn: Josh Wilson, AYC 1212 E 116<sup>th</sup> St. Carmel, IN 46032.

#### Dates to remember:

#### July 16 – July 28, 2012:

Dates of the trip; we will be staying the Cities of Waterford, Dublin Ireland and Krakow, Poland. Everyone will be safe and well supervised. 16-22 we will be in Dublin & Waterford, Ireland. 23-28 we will in Krakow, Poland

#### March 1, 2012:

Your \$200.00-\$300.00 money for the European flight will be due. We must order these early to get the best available price.

#### April 1, 2012:

Your \$250.00 non-refundable registration money is due. Please make all checks payable to Apostolic Crusaders.

#### May 1, 2012:

Please send in your \$1200.00-\$1400.00 check for the Airline Ticket from Chicago to Dublin. Please make all checks payable to the Apostolic Crusaders.

#### June 1, 2012:

Please send in your \$400.00 check for the hotel room. This fee covers a room for you and a roommate. All checks made payable to the Apostolic Crusaders.

Please keep in mind these dates are not flexible; they must be followed and maintained. Again once you send in the \$250.00 registration and European flight money, these funds are *non-refundable*.

If you have any questions please feel free to contact me at anytime. My email address is jwilson149@hotmail.com, and my phone number is 317-371-7679.

Sincerely, Josh Wilson AYC Coordinator

(Please keep for your records)

# European Tour World Missions July 16-28, 2012

Please provide one registration form for each mission trip participant.

| Full Name (exactly as it appears on pa | ssport):                             |                   |       |
|--|--------------------------------------|-------------------|-------|
| Home Address:                          |                                      |                   |       |
| City:                                  | State:                               | ·                 | Zip:  |
| Home Phone Number: ()                  | Ce                                   | ll Phone Number : | ()    |
| Email Address:                         |                                      |                   |       |
| Home Church Name:                      |                                      |                   |       |
| Church Address:                        |                                      |                   |       |
| City:                                  |                                      |                   |       |
| Church Phone Number: ()                | Past                                 | or's Name:        |       |
| Name of Parent(s) or Legal G           | uardian(s):                          |                   |       |
| Parent(s) or Legal Guardian(s          | s) Phone Number:                     |                   |       |
| Parent(s) or Legal Guardian(s          | 3) Address (if different from partic | ipant):           |       |
| Passport Information (exact            | tly as it appears on pa              | assport :)        |       |
| Type of Passport:                      | Authority:                           | Passport Nu       | mber: |
| Nationality:                           |                                      | Date of Birth:    |       |
| Sex: City of Birth: _                  |                                      | State of Birth:   |       |
| Date of Issue (ex 28 Apr. 2002):       |                                      | Date of Expira    | tion: |

Room assignments: There will be a minimum of two people per room in the hotel. Please name your desired roommate: \_\_\_\_\_\_ If you do not name a roommate, we will assign one to you.

Dear Pastor,

My Name is Josh Wilson and I am directing our Apostolic Youth Corp trip for the *summer of* 2012. You are receiving this letter because a young person from your church needs your permission to go on our mission's trip to *Europe* with the Apostolic Crusaders of the ALJC. On behalf of the Apostolic Crusaders, 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:

| Nan | ne of Y  | oung Po   | erson:  |             |            |           |       |        |       |    |      |         |     |      |
|-----|----------|-----------|---------|-------------|------------|-----------|-------|--------|-------|----|------|---------|-----|------|
| Doe | s this j | person li | ive a h | oly life: _ |            |           |       |        |       |    |      |         |     |      |
| Wo  | uld you  | ı recom   | mend t  | his young   | g person f | or this A | YC tı | rip? _ |       |    |      |         |     |      |
| Do  | you      | think     | this    | young       | person     | would     | be    | an     | asset | to | this | journey | and | why? |
|     |          |           |         |             |            |           |       |        |       |    |      |         |     |      |
| Any | additi   | onal inf  | ormati  | on on thi   | s young p  | erson:    |       |        |       |    |      |         |     |      |
|     |          |           |         |             |            |           |       |        |       |    |      |         |     |      |
|     |          |           |         |             |            |           |       |        |       |    |      |         |     |      |

Pastors Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Please mail this paper in with your registration check)

# Medical Release Form

| Name of Paren                 | t(s) or Legal Guardian(s                 | ):                 |  |  |  |  |
|-------------------------------|--|--------------------|--|--|--|--|
| Parent(s) or Le               | gal Guardian(s) Address                  | :                  |  |  |  |  |
| City:                         |  | State:             | Zip:   |  |  |  |
| Phone Number                  | s: Home () _<br>Work () _<br>Mobile () _ | =                  |  |  |  |  |
| Child's<br>Name               | allergies. In addition, p                | lease list all ove | s, including food allergies and or drug<br>r-the counter and or prescription drugs |  |  |  |
| Emergency con                 | ntact #1:                                |                    | Relationship to child:   |  |  |  |
| Phone Number                  | s: Home ()_                              |                    |  |  |  |  |
|                               | Work () _                                |                    |  |  |  |  |
|                               | Mobile ()                                |                    |  |  |  |  |
| Emergency con<br>Phone Number |  |                    |  |  |  |  |
| Physician's Na                | me:                                      |                    |  |  |  |  |
| Address:                      |  |                    | Phone Number: ()   |  |  |  |
| Dentist Name:                 |  |                    |  |  |  |  |
| Address:                      |  |                    |  |  |  |  |
|                               |  |                    |  |  |  |  |
|                               | : ()                                     |                    |  |  |  |  |
|                               |  |                    |  |  |  |  |
|                               |  |                    |  |  |  |  |
|                               |  |                    |  |  |  |  |
|                               |  |                    | our/Doligy #   |  |  |  |
|                               | or in with your registration shaeld      |                    | oup/Policy #:  |  |  |  |

<sup>(</sup>Please mail this paper in with your registration check)

# Apostolic Youth Corps Europe

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_

a minor (under 18 years of age) hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to go on the *Missions trip to Europe on July 16-28, 2012*, with the Apostolic Youth Corps. In the event there is an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the staff of the AYC, individual sponsors, or any attending physicians to make such decisions and to perform such medical treatments and/or surgery upon said minor which may be necessary and proper under circumstance. I, the undersigned parent and/or guardian of said minor, do release, acquit, discharge, and covenant to hold harmless the AYC staff and sponsors any and all actions, damages, and liabilities out of the treatment of any sickness or accident incurred by my said child during the above marked dates while attending the above named trip. I understand and hereby agree to assume all of the risks which may be encountered with my child's participation, in the above named trip, including activities preliminary and subsequent hereto, transportation to and from destination, and emergency medical treatment of my child during the said expedition.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE, WAIVER, AND IINDEMNITY AGREEMENT, KNOW THE CONTENTS THEREOF, AND I SIGN THIS DOCUMENT AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

| Parent/Legal G | Guardian |
|----------------|----------|
|----------------|----------|

Date

Student Traveler

Date

(Please mail this paper in with your registration check)