

Caribbean Holy Ghost Fire Mission

July 1-11, 2019

*We are excited to announce our first every mission trip that will take us to two different islands in the Caribbean. We will spend the first part of this mission trip on the Island of Haiti where will be working on our ALJC Headquarters, doing outreach, feeding the hungry and taking part in Holy Ghost revival services. After a few days we will do it all over again on the Island nation of Jamaica where we have recently established the ALJC of Jamaica. This will be a mission trip you will never forget! **Please make all checks payable to Apostolic Crusaders and mail them to Josh Wilson at 1212 E 116th Carmel, IN 46032.***

Cost:

Flight from Fort Lauderdale to Port-Au-Prince, Haiti	550.00
Flight from Fort Lauderdale to Montego, Bay Jamaica	450.00
Hotel	500.00
Bus	300.00
Registration	200.00
<hr/>	
Total	2000.00

Dates to Remember:

- February 1st 200.00 registration due
- March 1st 550.00 Haiti Flight money Due
- April 1st 450.00 Jamaica Flight money due
- May 1st 300.00 Bus money due
- June 1st 500.00 Hotel money is due

*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:

- You should plan on 30.00 dollars a day for spending money on food and water
- 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.
- We recommend changing your USD to Local currency upon arrival with your mission trip director
- Vaccinations are required for this mission, please consult your family physician

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 the Caribbean 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)

