

AYC Kenya Mission

July 1-10, 2019

We are excited to announce our mission to Kenya. We will leave from Chicago on July 1st and arrive in Kenya on July 2nd. While in Kenya we will be doing some outreach, hosting youth services and taking part in service oriented missions. **Please make all checks payable to Apostolic Crusaders and mail them to Josh Wilson at 1212 E 116th Carmel, IN 46032.**

Cost:

Flight from Chicago to Kisumu, Kenya	1500.00
Hotel	550.00
Tour Bus/Gas	200.00
Registration	200.00
Total	2450.00

*flight costs are estimated and will have a final number on February 10th

Dates to Remember:

- February 1st 200.00 registration
- April 1st 1500.00 Chicago to Kisumu flight money due
- May 1st 200.00 Tour Bus
- June 1st 550.00 Hotel money 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 Shilling upon arrival with our Host Missionaries as they will be able to get you the best exchange rate
- Please consult your family physician about Vaccinations/Medications 6 months prior to our departure. Medications and Vaccinations are highly recommended but we cannot give medical advice from the Apostolic Crusaders only your personal doctor can. Information is also available on the CDC Travel page

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 Africa 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 #: _____

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Kenya Mission Trip

(If you are 18 or over please sign your own name)

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 Kenya**. In the event there is an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the staff of the mission trip, 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 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 INDEMNITY 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 Guardian

Date

Student Traveler

Date

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