

MEXICO MISSION TRIP

2024 REGISTRATION FORM

Print your full name as it appears on your passport:

(Your name written here must match your passport for purchasing the airline ticket)

Email Address: _____

Cell Phone Number: _____

Will you have this cell phone with you on the trip? _____ YES _____ NO

Date of Birth: _____

Do you have legal border crossing passage between the United States of America and Mexico? _____ YES _____ NO

Passport Number: _____

Passport Issue Country: _____

Passport Expiration Date: _____

Passport expiration date must be at least 6 months past dates of trip

Please explain any special dietary needs:

Please explain any health concerns that will impact group trip:

I have read all of the information on this page, in the trip informational PDF, and online (www.lacasadecristo.com/mexico) and agree to participate in this trip. I acknowledge that the airline tickets and other occurred expenses of La Casa de Cristo are non-refundable in the case of cancellation.

Signature: _____

Date: _____

Submit this Registration Form to the church office along with your \$600 deposit (or full payment).