

APPLICATION FOR LATINO MISSION TRIP



"GOD OF HOPE"

Romans 15:13

**Registration Deadline:
July 5, 2010**

Full Payment must be paid with registration.

Mail Completed Registration Form with your check or money order payable to **"MI District LWML"** to:
Ms. Joann King
 c/o St. Philip Lutheran Church
 2884 E. Grand Blvd.
 Detroit, MI 48202

Applicant's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Cell # (____) _____ Work # (____) _____

Age: _____ Date of Birth: _____ Citizen: Yes ___ No ___

Church: _____

Address: _____ City: _____ State: _____ Zip Code: _____

REGISTRATION COSTS:

Costs Total

_____ **Full Week (Includes Hotel and lunch)** \$300.00 _____

Cost per day is \$25.00 (Includes Lunch)

Please check all days you plan to attend:

Saturday, July 24 _____ \$25.00 _____

Sunday, July 25 _____ \$25.00 _____

Monday, July 26 _____ \$25.00 _____

Tuesday, July 27 _____ \$25.00 _____

Wednesday, July 28 _____ \$25.00 _____

Thursday, July 29 _____ \$25.00 _____

Friday, July 30 _____ \$25.00 _____

TOTAL COST: \$ _____

Please list any special skills you may have:

Painting _____

Carpenter _____

Electrical _____

Sewing _____

Bible Study Leader _____

Singing _____

Other: _____

Roommate Information: (A separate form is required for each participant)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

I certify that all information provided in this application is true and accurate to the best of my knowledge. I further understand that any deliberate falsification of information will void this application and cancel any consideration for admission.

I understand that only fully completed applications can be considered for admission.

Applicant's signature Date _____