



**THE LEAST OF THESE
MINISTRIES**
MATTHEW 25:40

PO Box 2824
Westminster, MD 21158-7824
410-848-2128 * leastofthesemin@gmail.com
www.leastofthesemin.org

Mission Trip Application

Dominican Republic Trip Dates: _____

Full name of participant, **as it appears on your passport:**

_____ Date of Birth: _____

Preferred nickname: _____ Sex: M / F

Home Address: _____

Telephone: (H): _____ (W): _____ (C): _____

E-mail: _____ T-shirt size: _____

My Home Church is: _____

Do you speak Spanish? _____ No _____ A little _____ Enough to get by _____ Conversational

The trip cost is \$700, which includes lodging, meals, in-country transportation, and materials needed for the team's construction project. A non-refundable deposit of \$200 must accompany this application. The balance is due 30 days before the trip start date. *Note: Airfare is not included in the trip cost.*

Please register me for the trip listed above.

Signature

Date

Please mail this application, along with your deposit and a clean color copy of the photo page of your passport to:

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The Least of These Ministries is a 501(c)(3) tax exempt organization

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