

Sharing HOPE amidst poverty.

## MISSION TEAM REGISTRATION

		for a group of 14 or more, enter your requested trip dates.					
Dates of trip covered by this registration							
Name (Full name, as it appears on your passport)		Preferred Nickname					
	Ac	Address (City, State, ZIP)  Date of Birth:  May we send you text messages at this number with trip-related information?  Yes No					
E-mail							
Phone							
Sex: F M T-Shirt Size: _	s	M	L	XL	2XL	3XL	
Rate your level of fluency with the Spanish language, with fluent conversationally (Spanish language knowledge [No Spanish Language Experience] 1  What is the name & location of your home church?	e is not requii	ed; transla	tors serve	with us thro	ughout the we	eek!):	
The trip cost is \$725, which includes lodging, meateam's service project. A non-refundable deposit due 30 days before the trip start date. <i>Note: Airfai</i>	t of \$100 r	nust acco	mpany	this applic			
Please register me for the trip listed above.							
Signature			Date	9			
Please mail this registration, along with your deno	sit and a cl	ean conv	of the n	hoto nage	of your nas	snort to	

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

The Least of These Ministries PO Box 2824 Westminster, MD 21158-7824