

# SeaCoast Grace Church Mexico Outreach

## -Application-

### GENERAL INFORMATION

To register, mail your completed application, a photocopy of your passport and a \$50.00 trip deposit to the address at the end of this form. The Contribute Department will confirm via email that we received your application and that you are registered for the upcoming trip. The total trip cost per person is \$305.00.

All travelers are required to be in good physical health. Applicants must be at least 11 years old to participate. Travelers between 11 and 18 MUST be accompanied by a parent or legal guardian.

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Full Name (as it appears on your passport): \_\_\_\_\_

Preferred Name (if different): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_ Work Ph: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Who do you plan to travel with, if anyone? \_\_\_\_\_

### CHURCH INFORMATION

How long have you attended SeaCoast Grace Church? \_\_\_\_\_

What service do you attend? Main (Time: \_\_\_\_\_) – Seal Beach – Traditions

Have you attended Next Steps 101? \_\_\_ Yes \_\_\_ No

Are you a member of a Small Group? \_\_\_ Yes \_\_\_ No

Are you involved in an ongoing ministry at SCG or elsewhere? Please explain: \_\_\_\_\_

Have you participated in SCG's Mexico Outreach trips in the past? Please explain: \_\_\_\_\_

Do you have professional construction experience? Please explain: \_\_\_\_\_

Are you interested in training to be a trip leader? \_\_\_ Yes \_\_\_ No

### PASSPORT INFORMATION

*\*Your passport must be valid for at least six months after the planned travel dates.*

Passport Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**EMERGENCY CONTACT**

Parent/Spouse: \_\_\_\_\_

Address of Parent/Spouse: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency contact other than parent/spouse: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

**MEDICAL INSURANCE**

Medical Insurance Company: \_\_\_\_\_

Insurance Policy Holder: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

*\*It is your responsibility to verify that your health insurance policy will cover you outside of the United States.*

**FAMILY DOCTOR**

Family Doctor or Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

**MAIL APPLICATIONS AND SUPPORTING DOCUMENTS TO:**

SeaCoast Grace Church  
5100 Cerritos Ave.  
Cypress, CA 90630  
Attn: Contribute Department

**QUESTIONS? CONTACT:**

Pastor Dan Wendell  
SeaCoast Grace Church  
Contribute@seacoastgrace.org  
Tel: 714-761-5100 x323