

**MISSION TRIP REGISTRATION FORM**

**FULL NAME as it appears on passport**

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**PLEASE BRING A COLOR COPY OF YOUR PASSPORT TO FBC OR BRING YOUR PASSPORT TO THE CHURCH OFFICE AND WE WILL MAKE THE COPY.**

*You must have a notarized Medical Release form for the current year on file at FBC.*

*Date of birth: \_\_\_\_\_*

*Destination: \_\_\_\_\_ Date of trip : \_\_\_\_\_*

*Country or State*

*Address \_\_\_\_\_*

*Home Phone \_\_\_\_\_ Work \_\_\_\_\_*

*Cell Phone \_\_\_\_\_*

*Email address \_\_\_\_\_*

*Please let us know if your email address changes.*

*List Beneficiary and relationship for Insurance*

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*Member of FBC Dothan \_\_\_\_\_ or*

*List name of your home church \_\_\_\_\_*

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*List area where you wish to work: Medical Doctor,  
Pharmacist, Nurse, Teacher, Work with children,  
Construction, Evangelism, anywhere needed or list other.*

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