

Family Mission Trip to NE Iowa August 16-19 RSVP

For all ages and all stages. For all shapes and sizes of families.

Complete this form and attach your \$40 per person down payment by Sunday, March 4th.

Total Cost: \$155/Adult/Youth, \$135/Child (4-11), Ages 1-3 Free

Please contact Pastor Miranda if you are in need of financial assistance in order to participate.

Name: _____ Age (if under 21): _____

Additional Family Members Joining You (if applicable):

Name: _____ Age (if under 21): _____

Name: _____ Age (if under 21): _____

Name: _____ Age (if under 21): _____

Name: _____ Age (if under 21): _____

Name: _____ Age (if under 21): _____

Name: _____ Age (if under 21): _____

Commitments:

I am attaching my initial down payment of \$40 per person.

I am willing to grow as a servant leader, willing to serve in Christ's name, and willing to participate in telling the story of our trip when we return.

Questions for planning the Family Mission Trip lodging and schedule:

Is there another individual or family that you hope to share a room with? If so, whom? _____

Is there another individual or family that you hope to have lodging near? If so, whom? _____

I (or our family) would like to participate in evening activities after 7:00 pm: ____ yes ____ no

I (or our family) would like to experience the zipline at Ewalu if available: ____ yes ____ no

I (or our family) would like to participate in the cooperative team-building course at Ewalu: ____ yes ____ no

I (or our family) would like to participate if the pool were available for our use: ____ yes ____ no

I (or our family) would like accommodations, so that I or family members could have rest/nap time in the afternoon: ____ yes ____ no.

I (or our family) would like to serve as a helping hand to another family that has young children attending this trip: ____ yes ____ no.

I (or my family) have the following dietary restrictions (please explain):

Please consider the following when planning service projects for my family (please list special skills and/or accommodations that would be helpful for us to know.)

If under 21: Parent/Guardian Name: _____

Phone Number: _____ **Email address:** _____