

**SoCal Women Mission Trip To Romania**

**July 4 - 12, 2010**

**Application Form**

**Total Price:** \$2,400.00, including tax (based on double occupancy)

- Deposit of **\$300.00** per person (non-refundable) must be sent with this application form and is required by **March 1, 2010**.
- **\$ 500.00** payment is due by **April 1, 2010** (date may change pending airline).
- The final payment of **\$1600.00** is due by **June 1, 2010** (date may change pending airline).
- Every tour member **must** have a **valid passport** that will be in effect for at least six months after the return of the trip. (If you do not have a valid passport, it is recommended that you begin the application process. The current processing time for U.S. passports is currently 12 to 14 weeks.)

**Mail application form and payment to:**

SCDC SoCal Women

17951 Cowan Irvine, CA 92614

Telephone: (949) 252-8695 ♦ Fax: (949) 252-8435

Email: [wms@socalag.org](mailto:wms@socalag.org)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Church Name \_\_\_\_\_ Church City \_\_\_\_\_

Passport:  Yes  No Passport #: \_\_\_\_\_ Expires: \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**ENCLOSED IS MY \$300.00 DEPOSIT**

- Check #: \_\_\_\_\_ **Make Checks Payable to: SCDC**
- Please bill my credit card in the amount of \_\_\_\_\_  
 Visa  MasterCard

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Name on Card/ Address (if different than above) \_\_\_\_\_

**Additional Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (including year): \_\_\_\_\_

Are you involved in ministry at your church? YES \_\_\_\_\_ NO \_\_\_\_\_

What Type? \_\_\_\_\_

Special Skills or Trade \_\_\_\_\_

Special ministry skills (i.e., worship, preaching, teaching, drama, singing)

Are you willing to help out wherever needed? YES \_\_\_\_\_ NO \_\_\_\_\_

Is this your first *overseas* missions trip? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you participated in other missions projects? YES \_\_\_\_\_ NO \_\_\_\_\_

DESCRIBE:

PASTORAL REFERENCE:

Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_