

VICTORY | MISSIONS

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TRIP INFORMATION

FALL 20_____ SPRING 20_____ SUMMER 20_____

TRIP NAME/ LOCATION _____

PERSONAL INFORMATION

NAME (EXACTLY AS IT APPEARS ON YOUR PASSPORT)

FIRST: _____ MIDDLE: _____ LAST: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

T-SHIRT SIZE: XS S M L XL XXL EMAIL: _____

AGE: _____ DATE OF BIRTH: ____/____/____ NATIONALITY: _____ MALE FEMALE

FATHER/ GUARDIAN INFO: (IF APPLICABLE)

LAST NAME: _____ FIRST NAME: _____

PHONE: (_____) _____ FATHER'S EMAIL: _____

MOTHER/GUARDIAN INFO: (IF APPLICABLE)

LAST NAME: _____ FIRST NAME: _____

PHONE: (_____) _____ MOTHER'S EMAIL: _____

IF PARENTS ARE SEPERATED OR DIVORCED WHO HAS LEGAL CUSTODY?

FATHER MOTHER JOINT OTHER: _____

IF YOU ARE FROM A COUNTRY OUTSIDE THE US:

NATIONALITY: _____ COUNTRY OF PASSPORT ORIGIN: _____

VISA TYPE: _____ ONE ENTRY MULTIPLE ENTRY

PERSONAL HISTORY

YES NO HAVE YOU EVER BEEN ON A VICTORY MISSIONS TRIP?

IF YES PLEASE LIST LOCATION & YEAR _____

HAVE YOU EVER?

YES NO BEEN EXPELLED FROM SCHOOL?

YES NO SPENT TIME IN A DETENTION CENTER?

YES NO BEEN CONVICTED OF A CRIME?

HAVE YOU BEEN INVOLVED WITH ANY OF THE FOLLOWING THIS YEAR?

YES NO ALCOHOL OR TOBACCO

YES NO ILLEGAL DRUGS

YES NO A CULT/ THE OCCULT

YES NO GANG RELATED ACTIVITIES

CHURCH INFORMATION

CHURCH NAME: _____ PASTOR'S NAME: _____

MAILING ADDRESS: _____ CHURCH PHONE # :(_____) _____

PLEASE COMPLETE THE FOLLOWING IN 3-5 SENTENCES:

DESCRIBE YOUR RELATIONSHIP WITH GOD:

IF REGULARLY INVOLVED IN A CHURCH PLEASE DESCRIBE YOUR INVOLVEMENT:

HEALTH INFORMATION

HOW DO YOU RATE YOUR PHYSICAL CONDITION? EXCELLENT ABOVE AVERAGE GOOD FAIR

DO YOU OR HAVE YOU EVER HAD:

(IF YOU ANSWER YES TO ANY OF THE FOLLOWING PLEASE GIVE AN BRIEF EXPLANATION)

- DIABETES SEIZURES RESPIRATORY PROBLEMS
 AN EATING DISORDER FAINTING SPELLS PSYCHIATRIC CARE

YES NO ARE YOU UNDER A DOCTOR'S CARE?

YES NO ARE YOU ON ANY MEDICATION? IF YES PLEASE LIST:

YES NO DO YOU HAVE ANY SPECIAL DIET REQUIREMENTS FOR MEDICAL REASONS?

THE PURPOSE OF VICTORY MISSIONS (VM) IS THE MINISTRY OF THE GOSPEL OF JESUS CHRIST AND HIS CHURCH. ANY AVAILABLE SIGHTSEEING AND SHOPPING WILL BE PERMITTED ONLY IF IT COINCIDES WITH THE TEAM'S MAIN PURPOSE, BUT COULD BE CANCELED IF NOT DEEMED CONVENIENT FOR TRAVEL TIME OR IF IT HINDERS MINISTRY. VM IS NOT LIABLE IN THE EVENT OF SICKNESS, ACCIDENT, DEATH, TERRORIST ACTS, ACTS OF NATURE OR EXPENSES BEYOND THAT OF THE NORMAL PRESCRIBED TEAM INVOLVEMENT. AS A TEAM MEMBER I UNDERSTAND THAT TRAVEL ARRANGEMENTS ARE SUBJECT TO CHANGE AND THAT TEAM MEMBERS SERVE AT THEIR OWN RISK. OCCASIONALLY PRICES CAN FLUCTUATE DUE TO ECONOMIC CONDITIONS; THEREFORE, VM RESERVES THE RIGHT TO CHANGE TRIP PRICES UP TO 5%. ALL APPLICATION FEES AND CONTRIBUTIONS ARE NOT REFUNDABLE. TO RECEIVE A TAX DEDUCTION THE IRS STIPULATES THAT THE DONOR MUST RELEASE CONTROL OF THE MONEY DONATED TO THE NON-PROFIT ORGANIZATION. FOR THIS REASON, MONEY CANNOT BE DESIGNATED TO A PERSON. THE INDIVIDUAL WILL BE A FUND-RAISER AND WILL GET CREDIT FOR RAISING THE FUNDS EQUAL TO THE PRICE OF THE TRIP. I UNDERSTAND THAT IF I AM UNABLE TO PARTICIPATE, I MUST NOTIFY THE VM OFFICE NO LATER THAN 45 DAYS PRIOR TO THE START OF THE TRIP, THE FUNDS THAT I HAVE RAISED, LESS INCURRED EXPENSES AND ADMINISTRATIVE FEES, WILL REMAIN CREDITED TO MY ACCOUNT FOR 1 YEAR. I AGREE TO ADHERE TO VM'S POLICIES OF DRESS, CONDUCT, AND CHRISTIAN LIFESTYLE AND REALIZE I AM SUBJECT TO DISMISSAL FOR INFRACTIONS AT MY OWN EXPENSE. I ALSO GIVE VM THE RIGHT TO USE MY VOICE, PICTURE, OR TESTIMONY IN ANY FORM OF ADVERTISING MATERIALS.

APPLICANT SIGNATURE: _____ DATE: ____/____/____

PARENT SIGNATURE: _____ DATE: ____/____/____
(REQUIRED FOR APPLICANTS 18 OR YOUNGER)

- * APPLICATIONS MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED.
- * LEADERSHIP CANDIDATES (AGE 18+) MUST COMPLETE A LEADERSHIP APPLICATION.

APPLICATION FEE PAYMENT INFORMTAION

APPLICATION FEE: \$25 AMOUNT PAID FOR APPLICATION FEE: \$ _____

PAYMENT METHOD: CASH CHECK OR MONEY ORDER VISA MASTERCARD DISCOVER

CREDIT/DEBIT CARD NUMBER

EXPIRATION DATE

NAME: _____
(EXACTLY AS IT APPEARS ON CREDIT/DEBIT CARD)

SIGNATURE: _____