



RE-

MEMBER
April 21st – April 27th

 Orphanage
Outreach
February 25th – March 3rd

MISSION TRIPS 2011

August 2011

Dear Mission Trip Applicant,

Attached to this letter you will find the application for the First Church 2012 Mission Trips to Orphanage Outreach in the Dominican Republic and to Re-Member on the Pine Ridge Reservation in South Dakota. Applications will be accepted from First Church members from September 1st – September 30th. Non-members may apply beginning on October 1st. The application deadline for ALL is October 30th. All applications must be accompanied by a deposit. Deposits are non-refundable unless another applicant is available to take your place. The deposit for the Dominican Republic trip is \$350.00. The deposit for the South Dakota trip is \$300.00. Applications will be accepted on a first come, first served basis. We will be sending up to 18 people to the Dominican Republic and up to 20 people to South Dakota. Once those slots are full applicants will be waitlisted and the deposit check returned to the waitlisted applicant. If an applicant then comes off the waitlist, their deposit check will then be accepted.

All applicants must be aware that you may be expected to pay the entire cost of your trip. For the Dominican Republic, that amount is estimated to be \$1,300.00. The South Dakota trip cost is estimated to be \$1,100.00. All Mission Trip members are expected to participate in our planned fundraisers but with a potential of 38 people traveling in 2012, our fundraising efforts have the potential to cover only a small fraction of the total cost per person. Limited scholarship assistance is available. If you are in need of assistance, please complete a scholarship application available on the church website (www.firstchurchnashua.org) or in the church office. Scholarship applications will be confidential and considered on a case by case basis by the members of the Mission Trip Task Force.

If at any time you need to withdraw from the trip your trip fees will only be refunded in the event a replacement can be found. We will make every effort to find a replacement but there are no guarantees, so please plan accordingly. We suggest you only apply if you are certain you will be able to make the trip. Please notify the Mission Trip Task Force immediately in the event you need to withdraw from the trip.

We look forward to working together over the next year to serve others in Christ's name!

The First Church Mission Trip Task Force
Nancy Rottman, Jessica Price, Craig Neth, Maribeth Cunningham, Colleen Rottman, Lisa Chaloner

Mission Trip Application
The First Church of Nashua, NH

For office use only:	DR: \$350.00
Date/time application received:	Deposit payment \$ SD: \$300.00

Trip you are interested in _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (cell) _____

E-mail _____

Date of Birth _____ Grade _____ Gender (circle one) M F

First Church Member (circle one) Yes No

In what other, if any, mission trips have you participated? _____

What is your present and past involvement with First Church? (If not a member of First Church, please indicate your present involvement with your own religious community.)

Why are you interested in participating in this mission trip? _____

I understand the following: (please initial)

___ I am responsible for paying/raising the agreed upon financial support

___ I am responsible for attending team meetings in preparation for the trip

___ I am responsible for receiving proper immunization in order to participate

___ I am responsible for applying for and purchasing a passport (for trips outside the U.S.)

Health Information

Please describe your general health condition: Excellent ___ Good ___ Fair ___

Do you have any allergies? Yes No (If yes, please explain) _____

Do you have any physical challenges? Yes No (If yes, please explain)

Do you have any emotional challenges? Yes No (If yes, please explain)

Dietary Restrictions? Yes No (If yes, please explain)

Contact Information

Contact _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (cell) _____

Email _____