



**Mexico – TFC November 19<sup>th</sup> – 23<sup>rd</sup>**

**One registrant per form**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Contact Information**

Contact 1: \_\_\_\_\_ Contact's #: (\_\_\_\_) \_\_\_\_\_

Contact 2: \_\_\_\_\_ Contact's #: (\_\_\_\_) \_\_\_\_\_

*\*Any minors participating in this trip will have an additional form for signatures for information and parental permission. This form is required for the deposit and initial approval to participate!*

**Medical History:**

Are you currently under medical care: NO YES If yes, please explain:

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List any medications that will be taken on this trip:

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List Allergies:

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Missions Application 2021

Initial Here: \_\_\_\_ I understand that I must have a valid US Passport book/card 6 months past the trip date.

Initial Here: \_\_\_\_ I understand that this application and Non-Refundable cost of airline ticket will allow for me to participate in the Missions trip selected based upon the order in which this application is received as well as my funding of the trip according to the attached timeline. Each individual person must purchase assigned Airline Ticket. The airline ticket will follow the Airlines Policies on refund or later use. Northridge Church will not return any monies for Airline Tickets.

\*\*Southwest Airlines 11/19/2021 Flight 5567/1790 BNA 10:30am – HRL 4:20pm  
11/23/20121 Flight 178/1760 HRL 12:35pm – BNA 6:55pm

Initial Here: \_\_\_\_ I understand that final payment is due by October 24, 2021.

Initial Here: \_\_\_\_ Monies collected to the trip assigned must be used for this trip. Excess funds will automatically be used as team overhead costs after the participant’s funds are raised. This will be at the discretion of the Missions Director and/or Pastors of Northridge Church. Monies collected as a team member could be deductible to you. A receipt will be given at the time of payment. Keep all receipts for end of year tax purposes.

Initial Here: \_\_\_\_ I understand due to Covid-19 restrictions – that if I have symptoms or have been exposed to any person that tested positive to the Covid virus within 14 days of the scheduled trip that I will not be allowed to go on the trip.

Initial Here: \_\_\_\_ I understand due to Covid-19 restrictions – this trip could at any time be cancelled or changed.

Initial Here: \_\_\_\_ I understand due to Covid-19 restrictions – that if I get sick or contract the Covid-19 virus while on this trip, all expenses or quarantine, transportation and medical treatment will be my responsibility.

\_\_\_\_\_  
**Signed (Participant)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signed (Parent if Participant is a minor)**

\_\_\_\_\_  
**Date**

Official Use Only

Northridge Pastoral Approval: \_\_\_\_\_ Date \_\_\_\_\_