



DAWSON CREEK ALLIANCE CHURCH TEAM APPLICATION FOR SHORT-TERM MISSION TRIP

APPLICANT INFORMATION

Applicant Name:

Trip Name:

Team Lead Name:

Team Lead Contact Number:

Applicant Contact Number:

PLEASE DESCRIBE WHAT YOU WILL BE DOING ON YOUR SHORT-TERM MISSION TRIP

Can be attached on separate page.

DESCRIBE

Approximately how many people will be attending?

Are you planning to fundraise for team expenses or specific project costs? Please explain.
** Please note all fundraising must be approved by Missions team and Board of Elders. This is important because without this step you may not qualify for a tax-deductible receipt for expenses or donations.*

Who is fundraising contact?

PROJECTED COSTS

Please describe projected costs including airfare, lodging, food, travel insurance etc.

ITINERARY

Please include itinerary of trip here or on separate attached page:

APPROVAL

Date submitted to Missions:

Date of approval by Missions:

Date of approval by Elders:

ADDITIONAL INFORMATION

Please include any additional information for consideration:

COMMENTS FROM MISSIONS TEAM

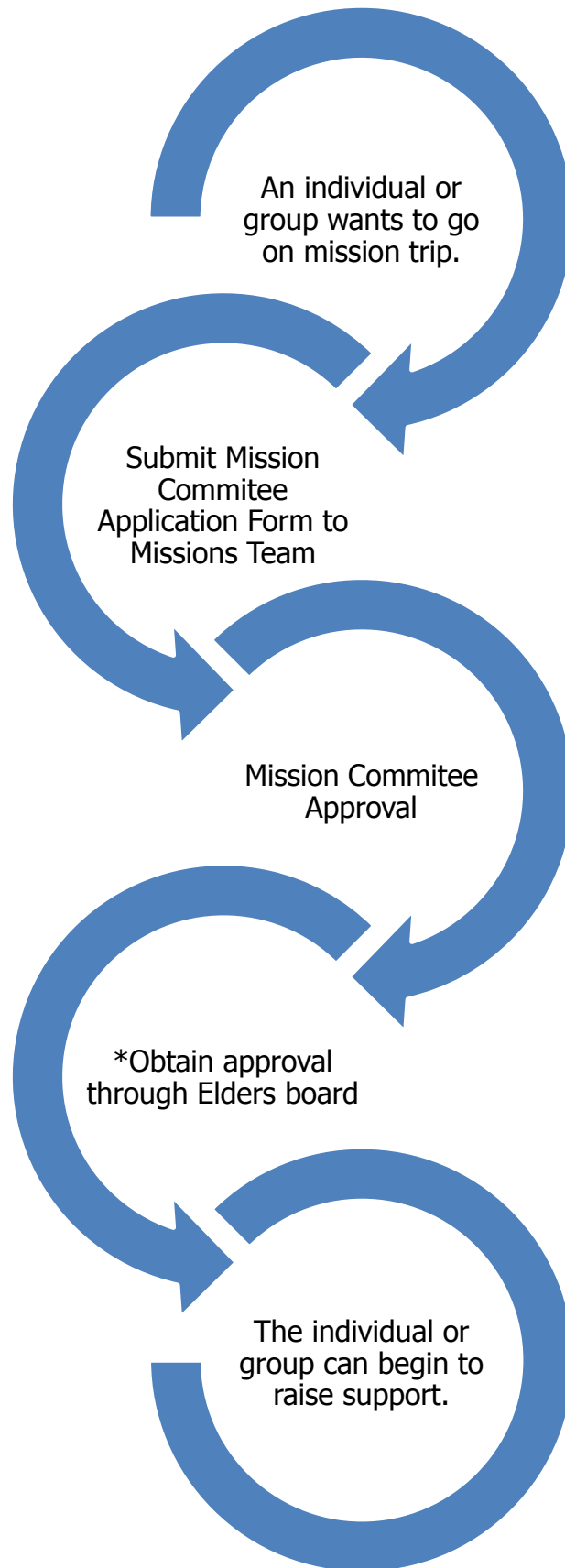
Mission Member Signature:

Date:

Mission Member Signature:

Date:

Short Term Missions Trip Approval Process



**Please note, Elders Board meets once per month. Please allow sufficient time for approval process.*