

Dominican Republic | June 22-29, 2016

Full Name as on Passport (Please Print Clearly)

Street Address

City/State/Zip

Date of Birth: _____ Age: _____ Gender: M / F

Marriage Status (circle one): Single Married Divorced

Passport Status (circle one): Current Expired Never Applied

Passport #: _____ Expiration Date: _____

Country of Citizenship: _____

Have you been baptized in Jesus' name? Yes / No
Have you received the gift of the Holy Ghost? Yes / No

Do you have any medical problems or physical limitations? Yes / No
(If yes, please explain on separate page)

Phone Numbers

Home (____) _____ Work (____) _____ Cell
(____) _____

Email: _____
(All trip updates will come via email; if applicable, add parent emails on back or separate page)

In case of emergency, please contact:

Name: _____ Relationship: _____

Home (____) _____ Work (____) _____ Cell (____) _____

Church Information

Home church: _____ Pastor's name: _____

Pastor's phone: (____) _____ Pastor's email: _____

Pastor's Signature: _____
(*Pastor: Please enclose a letter of recommendation with application, mail separately, or fax to 314-831-4609*)

Signature of Parent / Guardian: _____

Signature of Applicant: _____

Enclose a \$350 check/money order to "MO-YOM" for down payment with completed application.

Mail Application and payments to:

MO-YOM, PO Box 1004 Imperial, MO 63052 ~ Checks made payable to MO-YOM

Questions?

Please email Rev. Luke Levine, MO YOM Coordinator: llevine@moyouth.com ~ Fax number (314) 831-4609

www.moyouth.com ~ www.mo-yom.com

