



**Personal References (must provide 2 contacts)**

Name:	Relationship:	
Street Address:		
City/State/Zip:	Home Phone:	
Cell Phone:	Work Phone:	Email:
Name:	Relationship:	
Street Address:		
City/State/Zip:	Home Phone:	
Cell Phone:	Work Phone:	Email:

**Additional Funds and Cancellation Policy**

I will support the Celebration Foursquare Church Missions Team and mine and/or my child/children's participation in it. By signing this form, I agree to the following:

**Donations Are Non-Refundable**

- If you cancel your trip, all your donations will go to the team general fund, unless it was raised in a group event, which will then will be redistributed equally to those who participated.
- I understand that any money that my child submits above the cost of the trip, must, by law, remain in the missions account and cannot be used for personal use.
- If you raise more than the cost of your trip, there will be no refunds to you or your donors.
- Once a donation is received by Celebration Foursquare Church, the donor and intended team member does not have ownership of the donation.

**What if A Team Member Raises More Than Their Goal?**

Any excess funds raised by a team member will be used to help other team members that have fallen short in their fundraising or put into the Mission Trip General Fund. No refunds will be given to donors.

**Mission Account**

All team members must have their full Mission Cost submitted to the Mission Team fund by May 21, 2022. CFC Missions Team has the right to use excess funds raised/donated by team members for the benefit of another team member who has not fully raised their support. However, this should only be done when the team member has put full effort into raising the needed funds. Participation in the following will be used to evaluate the effort of the participant: support letters sent out, follow up phone calls, and attendance/participation at team fundraising events.

Participant Signature (Parent/Guardian Signature for those under 18)

Date

**Parent Comments ( To be filled out by Parent/Guardian)**

**Please list any questions, concerns, expectations, additional information or encouragements you may have for your son/daughter to be a part of the Celebration Foursquare Church Missions Team.**




**PERSONAL / MINISTRY EXPERIENCE**

**7. What does it mean to be a servant?**

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**8. What church do you attend? Youth Group? How often? Are you a member?**

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**9. As part of the Missions team, will you make an effort to attend our Mission Report Service (within 1-2 weeks after we return)?**

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**10. If a fundraising event is scheduled, would you be willing to participate?**

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**11. Will you do your best to attend a meeting for ministry preparation, (dates to be determined) before our trip?**

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**12. Please list your most available times to meet.**

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**13. Any other info you may want to share with us:**

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