



missions
at ginghamburg

Ginghamburg Impact Trip Registration

Return completed form to Ginghamburg Church's main office (attn: Missions) or mail to Ginghamburg Church, 6759 S County Rd 25A, Tipp City, OH 45371.

What trip are you registering for: _____ **Date of trip:** _____

1. Full Name (as it appears on passport or drivers license): _____

2. Date of Birth: ____ ____ ____

3. Street Address: _____

4. City: _____ State: ____ Zip Code: _____

5. Home Phone: ____ / ____ and/ or Cell Phone: ____ / ____

6. E-mail: _____

7. Place of employment _____ Position: _____

8. How long have you been a part of Ginghamburg Church? _____ Member? __ Yes __ No

9. Are you part of a community life group at Ginghamburg? (I.E. Life Group, Adult Classes) If yes, which one?

10. Have you served at Ginghamburg Church? If yes, in which ministries and for how long?

11. What mission trips have you participated in with Ginghamburg?

12. Check skills / interests you have that may be used on this team:

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Business | <input type="checkbox"/> Children's ministry | <input type="checkbox"/> Construction skills |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> ESL | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Foreign language | <input type="checkbox"/> Worship | <input type="checkbox"/> Photography | <input type="checkbox"/> Small group leading |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Sports | <input type="checkbox"/> Art | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Teaching / Training | <input type="checkbox"/> Youth | <input type="checkbox"/> Elderly | |

Other: _____

Any limitations: _____

13. Deposit enclosed: \$ _____ Cash
 Check - Make out to Ginghamburg Church.
Put name & date of the trip on the memo line.

15. Date: _____ Signature: _____



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Emergency Contact Information

Full Name _____ Relationship _____

Address _____

Primary Phone #: () _____ Email _____

Medical and Health History

Please describe your health, including any physical or dietary limitations:

List any allergies (food, medicine, environment, insects, etc.)

Current medications (both prescriptions and over the counter medications):

Name of medicine / Dosage (strength, frequency / Reasons for taking medication:

Ministry Experience

Why do you want to go on this trip?

Give a brief summary of your relationship with Jesus Christ. Include (1) when and (2) how you accepted Christ, and (3) what Jesus means to you in your daily life.
