



*New Life*  
ASSEMBLY

## Missions Trip Registration and Information Request Form

PLEASE complete this form in full and return it (along with your initial, non-refundable deposit – if registering) to the church office or mail to New Life Assembly, 2715 W 39<sup>th</sup> St, Kearney, NE 68845.

(one form per individual required)

Full legal Name: \_\_\_\_\_  
(As printed on your Passport or Driver's License – required by airline for identification)

Phone number: \_\_\_\_\_ Work number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

DOB: \_\_\_\_\_ T-Shirt size: \_\_\_\_\_ Passport Number: \_\_\_\_\_  
(required for minors) (required by insurance company if registering)

I would like **more information** about the missions trip to: \_\_\_\_\_

I would like to **register** for the missions trip to: \_\_\_\_\_

Enclosed please find my initial deposit (non-refundable) in the amount of \$150 for the trip specified above. Make checks payable to: New Life Assembly – please note which missions trip on the memo line of your check.

Office Use Only:

Date deposit received \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_  
Date registration received \_\_\_\_\_ Date information packet sent \_\_\_\_\_ Date forms sent \_\_\_\_\_