



- Guatemala Trip
- ATL Trip (Atlanta)
- Kentucky Trip (Dates: _____)
- Mississippi
- Other

First Church of God Missions

Registration Information

**Please use the back of this form to explain (1) your reason for attending and (2) your spiritual walk

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Drivers License Number: _____

Birth Date: _____ Highest Grade Completed: _____ Marital Status: _____

Spouse's Name: _____

Employer: _____ Spouse's Phone: () _____

Additional Information

Church Name: _____ Church City, State: _____

Other Mission Trips Attended: _____ Do You Have Valid Passport: _____

Physical Limitations: _____ Special Skills: _____

Non-Relative Reference Name: _____ Reference Address: _____

Reference Phone () _____ Reference Email: _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Payment Information:

1. I have / have not paid my registration deposit.
2. I have / have not paid my registration in full.
3. I do / do not anticipate having a problem paying my registration fee.

Please make checks payable to "First Church of God".
 For a full list of registration fees and deadlines, please consult our website: <http://www.1chog.org/missions.html>

Registration Checklist:

1. Fill out this form and mail it.
2. Fill out waiver and mail it.
3. Pay applicable registration fees.

First Church of God
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