

MEXICO SHORT TRIPS
SCHOOL OF EVANGELISM AND MISSIONS
2006 GROUP FORM

To secure your week return this form and a non-refundable \$500.00 Group Deposit.
Reservations are made on a first come first serve basis.

Contact Information	About Your Team
Church Name _____	Group Name: _____
Denomination(be specific) Senior Pastor _____	How many leaders will you bring? _____
Youth Pastor _____	Is Everyone on your team at least 13 years-old? _____
Leader of Outreach _____	Has this group even been on a Missions Trip Before? _____
Leader of Outreach's E-mail _____	How many people are you expecting to bring: _____ Guys _____ Girls _____ (20 person minimum....groups can be combined)
Mailing Address _____	How do you plan to arrive? Please circle one Driving El Paso Airport
City _____	Will you need transportation? Yes No
State _____ Zip _____	Are you coming for a 5 day or 3 day trip? _____
Church Phone _____	Will anyone in your group be able to interpret ? _____ If so how many? _____
Fax _____	What date on our Calendar are you interested in? _____ Are you interested in a date not on our calendar? _____ If so when? _____ (Please contact us by phone or email about your choice.)

Please be sure you have read and understand the terms and conditions on our website, www.mexicoshorttrips.com prior to sending in this Group Reservation form and non-refundable \$500.00 deposit. Call us or email us regarding the date you are interested in.

Signature of Outreach Director _____ Date: _____

Senior Pastor, Elder or Administrator _____ Date: _____