

Trip Participation Application

	Date		
Name		Age	
Address			
State			
Preferred phone	Email		
ABF/Small Group leader			
Trip name			
Dates: From			
Team leader			
Reason for trip			
What will you be doing?			
Cost of trip \$			
Date deposit is due		is due	
Testimony:			
(Please attach another sheet if needed)			
Limitations (physical or other)			
Medications			
Signature			

Mail, fax or email to First Baptist Church, 121 Monroe White St., Fort Mill, SC 29715 Phone 803-547-2051 ● Fax: 803-548-0241 ● Email bfreemon@fbcfm.com Office use only
Date received ______
Approved by _____