HONDURAS 2020 APPLICATION

Complete all applicable sections and submit to: missions.administrator@livinghopecc.org no later than Sunday, February 23rd, 2020.

PERSONAL INFORMATION

LEGAL NAME: appears on passport			NICKNAME:			
CITIZENSHIP:			DATE OF BIRTH:			
CELL PHONE NUMBER:			EMAIL ADDRESS:			
*IF YOU ARE UNDER	THE AG	SE OF 23, PLEAS	E PROVIDE THE FO	LLOWING	G INFORMATION	
		FATHER (or legal guardian)		MOTHER (or legal guardian)		
NAME:						
EMAIL:						
PHONE NUMBER:						
CHURCH INFORMATION						
CATAPULT (HS SENIOR)	R28 (COLLEGE MINISTRY)		PRIME (YOUNG ADULTS)		HOMEBUILDER	
Which ministry are you affili			our child/childre	า?		

If you have any questions or comments about Honduras 2020, or the application process, please contact: Missions Administrator, Alicia Cho (<u>missions.administrator@livinghopecc.org</u>) or the Missions Director, Michael Lee (<u>michael.lee@livinghopecc.org</u>)

Name	Age	
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Are you a member of Living Hope Com	nmunity Church?	
If no, will you take the membership cla	ss offered in Februar	y (2/10, 2/17, 2/24)?
*Only members of Living Hope and stu on this trip.	udents who are in 12	th grade and under can participate
*Please make sure that your passports	are current and will	not expire in the next 6 months.