

## PARTICIPANT APPLICATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Highest Grade completed: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Insurance / Policy # \_\_\_\_\_

Group/Church Name: \_\_\_\_\_ Group Leader: \_\_\_\_\_

Project Location: \_\_\_\_\_ Project Date: \_\_\_\_\_

**I WILL:** Prepare for this mission and follow all rules in a Christ-like manner with a servant's attitude. Follow safety precautions during the project. Follow the dress code for my mission area. Not use bad language, - tobacco, drugs or alcohol on the mission project. Follow the terms or my leaders may send me home at my own expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for medical attention to my teen while on Encounter Missions International.

Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ \$50 Deposit Enclosed

\_\_\_\_\_  
E.M.I., ENCOUNTER MISSIONS INTERNATIONAL

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