

Honduras Mission Registration Church of the Annunciation

Name _____ Birth date _____
(exactly as it appears on your passport, driver's license or birth certificate)

Address _____

City / State/ Zip _____

Home Phone _____ Cell _____ Email _____

Emergency Contact _____

Phone _____ E-mail address _____

1. Please list some ways you have served in your parish _____

2. Why would you like to participate in the mission trip? _____

3. Do you speak a language other than English? _____

4. Do you have any special medical or dietary needs? _____

5. Please briefly describe you spiritual journey.
(if necessary, use separate piece of paper)

Signature _____ Date _____

Please return the completed registration form to: Church of the Annunciation Office.