

# 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.