



Official Use Only
Date of Submission: _____
Date of Approval: _____

MISSION TRIP REGISTRATION FORM

Mission Field/Trip Code	/
Date of Mission trip:	

Directions: Complete and submit form together with a clear copy of your passport(s) to:
Missions Department, Christ Methodist Church
Attention: Mabel Wat

- Registration closes on: _____
- Passport must be valid for minimum 6 months from the date of traveling.
- Parental consent is required from applicants under the age of 21 yrs.
- all registration forms are for official use and will be kept strictly **confidential**.

I. PERSONAL PARTICULARS

Name as in Passport (Mr / Mrs. / Mdm / Ms): _____	Date of Birth: _____	Age: _____
Passport No: _____	Nationality: _____	
Date of Issue: _____	Date of Expiry: _____	
Contact No. Home/Office : _____	Address: _____	
Mobile : _____	_____	
Email: _____	Occupation: _____	Blood Group: _____

II. EMERGENCY INFORMATION

In case of emergency, contact: _____	Relationship: _____
Contact No. Home/Office: _____	Address: _____
Mobile: _____	_____

Please attach copies of your passport(s) before submission to Mission Department.



III. COST OF TRIP AND SUBSIDY

COUNTRY	ESTIMATE COST OF THE TRIP	REQUEST FOR SUBSIDY*	MISSION FIELD REFERENCE CODE
EAST ASIA	\$1200	<input type="checkbox"/> YES <input type="checkbox"/> NO	
INDIA	\$1100	<input type="checkbox"/> YES <input type="checkbox"/> NO	
NEPAL	\$1800	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CAMBODIA	\$700	<input type="checkbox"/> YES <input type="checkbox"/> NO	
THAILAND	\$800	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BINTAN, INDONESIA	\$100	<input type="checkbox"/> YES <input type="checkbox"/> NO	

*For qualification and criteria of trip subsidy, please refer to the Terms and Conditions at the last section of this form.

- a. Full payment must be made by: _____
- b. Cheque paid to CHRIST METHODIST CHURCH, please indicate the Mission Trip and date of trip behind the cheque.

RECOMMENDATION FOR SUBSIDY REQUEST

(To be filled in by a church leader or pastor for applicants who are not CMC members.)

- a. Why would you recommend the applicant for this trip?

- b. Leader/Pastor Name: _____
Care Group/Ministry: _____

IV. MEDICAL STATEMENT

State your present health (poor, average, good, excellent): _____

Known medical problems or allergies: _____

*Mission Committee will request for a medical certificate for ability to travel.

V. CHURCH RELATED INFO

- a. Have you been attending CMC regularly? Yes (Since: _____) / No
- b. Are you a Care Group Member?
 - Yes, please state your CG's name: _____
 - Others Ministry (please choose related ministry)

<input type="checkbox"/> GYM	<input type="checkbox"/> Chinese Ministry
<input type="checkbox"/> WSCS	<input type="checkbox"/> Grace Fellowship
<input type="checkbox"/> Ignite Youth	<input type="checkbox"/> General Congregation (none of the above)
<input type="checkbox"/> ChristKidz	

VI. INSURANCE

The church will bear the cost of the basic Travel Insurance premium for mission trippers who are a CMC members/regular church attendees (Min 6 months) for the duration of the mission trip.

Would you like the church to buy Travel Insurance for you? YES / NO

*If no, please ensure that you have your won Travel Insurance covering.

Please attach copies of your passport(s) before submission to Mission Department.



VII. TERM AND CONDITION

- i. Pre-Trip Preparation
Applicants are required to attend all Pre-Trip Briefing/Training sessions. CMC reserve the right to stop applicants from embarking on the trip should they fail to attend all the sessions required. Applicants shall bear full responsibility for all 3rd party fee that may be incurred.
- ii. Payment and Cancellation Payments*
 - Participants are required to place payment upon registration.
 - A forfeiture payment of \$200 plus any third-party charges incurred is imposed withdrawal, unless on medical grounds (to be certified by the attending doctor) and family emergency matters.
- iii. Flight
All prices quoted are estimates. Actual prices may go up or down depending on actual price upon booking. Flight tickets may be limited due to peak season. All participants will be accepted on first-come, first-serve basis.
- iv. Visa
Trippers are to obtain their own personal Visa to the country. A copy of the approval visa is to be submitted to the church office.
- v. Approval of Applicants
The church reserves the right not to accept participants whom the church considers unsuitable to go on the mission trip.
- vi. Subsidy
 1. **The Applicant must be a CHURCH MEMBER or a CHILD OF CHURCH MEMBER to be eligible for a subsidy application.**
 - An Applicant who is **not** a church member (including those below 18 yrs old) but has been attending CMC for **at least 6 months**, and considers CMC their home church can also be eligible for a trip subsidy if:
 1. The Applicant is recommended by their care group Leader or ministry leader.
 2. If the Applicant is not in any care group or serving in ministry, they will need to get a pastor or church leader who knows them to recommend them.
 - Applicants who do not attend CMC are not eligible for subsidy.
 2. **The Applicant must also fulfil the following FINANCIAL CRITERIA to be eligible for a subsidy:**
 - Children, student and the unemployed are eligible for up to 50% subsidy.
 - If currently employed,
 - a. Applicant with per capita income below \$1250 can apply for up to 50% subsidy.
 - b. Applicant with per capita income below \$2500 can apply for up to 25% subsidy.
 - c. Applicant must provide proof of income (Eg. copy of payslip, CPF statement etc) and household size (Eg. copy of household members’ NRIC).
 3. **Approval of subsidy is subjected to the final review and decision of the Missions Committee.**

VIII. DECLARATION FOR APPLICANT

I declare all information disclosed in this applicant form and its attachments to be true and correct. I have not withheld any relevant information.

In the event of any discrepancy in the information provided, I will bear responsibility for any fee amendment or additional cost that should arise.

Date

Applicant’s Signature

DECLARATION FOR PARENT / GUARDIAN (Applicant below 21 years)
 I Understand and agree to the term and conditions mentioned. I accept full responsibility for allowing my ward to go on this trip.

Please attach copies of your passport(s) before submission to Mission Department.



Parent / Legal Guardian's Name

Parent's / Legal Guardian's Signature

Parent / Legal Guardian's Contact No.

Date

PERSONAL DATA CONSENT CLAUSE

By submitting my/Child's/my ward's personal data on this application form for CMC mission trip from _____ to _____, I agree and consent to Christ Methodist Church collecting, using, disclosing and sharing amongst the relevant parties and/or ministries my personal data, for the purpose of engagement and operational planning of this mission trip. I also consent to the Church contacting me by telephone or sending text or email messages to me in relation to my application to go for this mission trip.

Applicant/Parent/Legal Guardian's Name

Applicant/Parent's/Legal Guardian's Signature

**If guardian, please state relationship and circle where applicable.*

LIABILITY AGREEMENT

Release of Liability

I do hereby release Christ Methodist Church, its agent, staff and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by me/my child/ward during the course of the mission trip to _____ from:

Date

Applicant signature

DECLARATION FOR PARENT / GUARDIAN (Applicant below 21 years)

I understand and agree to the term and conditions mentioned above. I accept full responsibility for allowing my child/ward to go on this trip.

Parent / Legal Guardian's Name

Parent's / Legal Guardian's Signature

Parent / Legal Guardian's Contact No.

Date

Please attach copies of your passport(s) before submission to Mission Department.