

# Alaska Missions Trip

July 18<sup>th</sup>-27<sup>th</sup>

## Schedule

May 1st	Trip Applications and \$50 Deposits Due
June 3rd	Dueling Pianos Fundraiser
June 20th	50% of Trip Due (\$700)
June 25th	Cornhole Tournament Fundraiser
July 3rd	100% of Trip Due (remaining \$700)
July 18th-27th	Trip to Alaska (Dates may change slightly depending on flight costs)

The cost of the trip is \$1450 per person. The flights cost significantly more this year. Please plan to assist with the fundraisers if possible. The proceeds will go to cover the projects and fundraising for those attending the trip.

If you have further questions, please call Jacki Finnegan at (936) 689-9032.



***Summer Impact Individual Group Member Registration***  
*(To be completed by each individual team member.)*

Group Name: \_\_\_\_\_

Your Name *(please print)*: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

E-mail: \_\_\_\_\_

1. Describe what Jesus Christ means to you personally *(use separate page if necessary)*:

2. Why do you want to do this missions trip?

3. Do you use tobacco in any form?	Yes	No
<i>If "yes," are you willing to forsake this practice while serving with InterAct?</i>	Yes	No
Do you drink alcoholic beverages?	Yes	No
<i>If "yes," are you willing to forsake this practice if necessary while serving with InterAct?</i>	Yes	No
Have you ever been convicted of sexual abuse or a felony?	Yes	No
<i>If "yes," please explain at the bottom of this form or on a separate page.</i>		

4. Will you be taking any medication/prescription drug(s) while serving with InterAct? Yes No  
If "yes," for what condition(s) are you being treated?

5. List any allergies:

6. Do you have any special dietary restrictions? Yes No

If "yes," please explain:

Are you a vegetarian or vegan?

Yes No

*If "yes," are you willing to forsake this practice if necessary during the time of your short-term ministry?*

Yes No

7. Name of person to contact in an emergency:

Address:

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip/Code:

Phone: \_\_\_\_\_ Relationship:

8. Medical Insurance Company:

Company phone number: \_\_\_\_\_ Policy #:

*(Medical coverage is required by InterAct Ministries.)*

### Participant Agreement

I certify that the information on this form is true to the best of my knowledge. Furthermore, I agree that while serving under the auspices of InterAct Ministries...

1. I will always act and behave in a way that honors Jesus Christ;
2. I will adhere to all standards of conduct of InterAct Ministries;
3. I will submit myself to the authority of our team leader and our assigned InterAct leader(s), and
4. I will apply myself to all assigned tasks with a cheerful, servant-like spirit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to your Group Leader, or directly to:  
Human Resources Director – 31000 SE Kelso Rd. – Boring, OR 97009  
[www.InterActMinistries.org](http://www.InterActMinistries.org)