



LIVING HOPE INTERNATIONAL, INC.  
SHORT-TERM MISSIONS TRIP PARTICIPANT REGISTRATION FORM

\*\*PLEASE PRINT\*\*

Full Legal Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Trip Dates: \_\_\_\_\_ Passport #: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Personal accident/health travel insurance required. Please provide copy of policy or insurance card.

Name & Phone Number of Physician: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

Home Church: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Participation: \_\_\_\_\_ (ex: Pastor/Worship Leader/Congregant, etc.)

Group Leader: \_\_\_\_\_ Phone: \_\_\_\_\_

List all Medical Conditions & Allergies: \_\_\_\_\_

Occupation: \_\_\_\_\_ Skills/Special Abilities: \_\_\_\_\_

Vision & Goals for STM: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Group Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Would you like to receive newsletters and email updates from Living Hope International: Yes/No



**LOVEHOPEMERCY.ORG**

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Living Hope International (LHI) is a registered 501c3 non-profit organization. All donations to LHI are tax-deductible in full or in part within the United States.