

MISSION PRESBYTERY
Guatemala Partnership Mission Trip
July 24 -31, 2010

APPLICATION FORM
(Please print or type)

Name (as appears on passport)_____

Name you would like to be called by_____

Address_____

City_____State_____Zip Code_____

Home Phone () _____Work Phone ()_____

Email:_____

Church Affiliation_____

Passport Number_____Expiration Date_____

Date of Issuance_____Place of Issuance_____

Birthdate_____Birthplace_____

Please enclose a copy of the front page of your passport.

() Have applied for a passport and will forward the information soon.

Emergency Contact Person:

Name_____

Address_____

Home Phone () _____Work Phone ()_____

Email: _____

Relationship to you_____

Send to: Mission Presbytery Attn: Guatemala Partnership Team, 7201 Broadway St. San Antonio, TX 78209

Please include your \$250.00 deposit

Trip Leaders: Arlene Esparza email to: stand4what_is_right@yahoo.com and Edward Esparza email to: silbia@sbcglobal.net

Additional Information will be posted to www.cessmaq.org