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**Short-Term Trip Group Form**

Please complete this form if your trip is less than 60 days in duration (including travel dates). For questions, please contact Jorge A. Ramirez at 480-991-6777 or jorge.ramirez@azconference.org

**Group Type** **\***

If Other, please explain:

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**ORGANIZATION INFO**

Information about the organization who is sponsoring this trip.

Name of Your Organization **\***

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**Organization Contact Person** **\***

 First Last

This person will receive communication and updates regarding approval of trip.

**Contact Person's Phone Number** **\***

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_

**Contact Person's Email** **\***

­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of Organization**

­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 2

­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State / Province / Region

Postal / Zip Code

Country

**GROUP LEADER INFO**

This is the person who will be with the group leading the trip.

Group Leader Name **\***

Please enter full name as it is listed on passport.

Phone Number **\***

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_

Email **\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANT INFO**

This information is about those going on the trip.

Total Number of Participants **\***

Number of Denominational Employees

Names of Denominational Employees **\***

Please enter full names as they appear in passports.

Number of Lay People/Students

Names of Lay People/Students **\***

Please enter the full names as they appear in passports.

**INSURANCE INFO**

For more information about required insurance, go to: http://hesaidgo.org/short-term-missions/groups

Insurance Policy Number **\***

Coverage Start Date **\*** MM / DD / YYYY

Coverage End Date **\*** MM / DD / YYYY

Please confirm that the coverage dates match your departure and return dates: **\***

Yes, the dates match.

Comments

**MISSION TRIP INFO**

Share a little bit about the purpose of this trip.

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Contact Person at Destination **\***

First Last

Phone Number **\***

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_

Email **\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments

**Type of Trip**

Organization(s) to be Visited

City/Cities to be Visited

Country/Countries to be Visited **\***

**SDA Division(s) to be Visited** **\***

North American (NAD) East-Central Africa (ECD) Euro-Asia (ESD) Inter-American (IAD) Israel Field (IF) Middle East North Africa Union (MENAU) Northern Asia-Pacific (NSD) South American (SAD) South Pacific (SPD) Southern Africa-Indian Ocean (SID) Southern Asia (SUD) Southern Asia-Pacific (SSD) Trans-European (TED) West-Central Africa (WAD)

Check all that apply.

**Purpose of Trip** **\***

Evangelism Construction Medical Health Education

Lecture/Presentation Teaching Educational

Community Service Other

Check all that apply.

Other Details

Please explain what kinds of activities or service projects your group will be doing on this trip.

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**SUPPORTING DOCUMENTATION**

Please email the following supporting documentation to jose.marin@azconference.org:

- Detailed travel itinerary
- Copy of parental consent for minors
- Acknowledgement that participants have received required immunization
- List of cleared adults if minors are traveling (background checks)
- Screenshot (or copy) of the Country Information or Travel Alert or Warning (if applicable) from the U.S. State Department for each country your group is visiting.
- For above, visit: http://travel.state.gov/content/passports/en/country.html

The above items will emailed by this date **\*** MM / DD / YYYY

**APPROVAL INFO**

Governing Board Approval Date **\*** MM / DD / YYYY

Conference/Union Approval Date **\*** MM / DD / YYYY

Comments

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