

Wayside Student Missions Application

Mission trip to? _____

Start Date of trip? _____

Attach Current
Photo Here

Month, Day, Year of Birth: _____

Male/Female (circle one)

Grade _____ School Attends _____

Last Name _____ First Name _____ MI _____

Father's Name _____ Mother's Name _____

Your Home Address _____

City _____ State _____ Zip _____

Home phone number _____ Work _____ Cell _____

Who should we contact in the event of an emergency? _____

Contact telephone number: Daytime (____) ____ - _____ Evening (____) ____ - _____

Email address: _____

T-Shirt size: **S**mall **M**edium **L**arge **X**-large **XX**-large **XXX**-large (circle one)

Briefly describe your relationship with Jesus Christ: _____

State your reasons for wanting to go on this missions project: _____

What skills and talents can you contribute? _____

Signature _____ Date _____

Parent Signature _____ Date _____