



Dear Partners,

Thank you for showing an interest in our New Vision Christian Fellowship Urban Mission trip program. Enclosed, you'll find information to assist you as you prayerfully plan your trip.

If you would, please fill out the information sheet and enclose \$100 deposit to reserve dates. Once we receive it, we can begin working out the details for your mission trip. I will then be contacting you regarding all the details as we move ahead.

Thank you again for your consideration. We look forward to partnering with you in building the Kingdom of God. May He richly bless you!

Serving together in Christ,

A handwritten signature in black ink, appearing to read "Pete Contreras".

Pete Contreras

Pastor

pete@newvisionsd.org

www.newvisionsd.org

(619) 818-2126



OUP REGISTRATION FORM:

URBAN MISSION TRIP

P.O. Box 152972, San Diego, Ca 92195

pete@newvisionsd.org www.newvisionsd.org

Name of Group: _____

Contact Person: _____

Address: __ Church __ Home _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Email: _____

GROUP TYPE:

Jr. High College Male: _____
 High School Adults Female: _____

TRIP INFORMATION:

Dates: _____ Arrive: _____

Depart: _____

Comments: _____

GIFTING: (Areas in which you would like to serve)

Food distribution Homeless Ministry Evangelism
 Children's Ministry Bible Club/VBS Clown
 Recreation Drama Dance
 Worship/Music Service Projects Shelter

Physical Ministry (ie: painting, construction, etc) what expertise will you provide?

PAYMENT/CONTRACT:

New Vision Christian Fellowship (NVCF) provides housing, meals and itinerary for your trip. NVCF will be responsible for scheduling your group activities. Each group is responsible for providing their own transportation and one adult for every six students. Groups are responsible for any material they might need for outreaches.

<i>Cost of trip</i>		
Deposit (Group)	\$100.00	Non-refundable
One Day Mission Trip	\$35.00	Per person
5 Day Mission Trip	\$200.00	Per person (Savings of \$50.00 per person)
Overnights	\$50.00	Per person for each additional day
Weekend Mission Trip	\$150.00	Per person (Friday thru Sunday)

Minimum of 15 people.
 Cost covers food, housing, outreach set up and staffing.
 Team will be responsible for own transportation and supplies.



EVALUATION FORM

Overall rating of your experience:

Circle one

1. Poor 2. Average 3. Good 4. Great 5. Awesome

Hospitality

1. Facility:

1. Poor 2. Average 3. Good 4. Great 5. Awesome

Comments: _____

2. Sleeping arraignments:

1. Poor 2. Average 3. Good 4. Great 5. Awesome

Comments: _____

3. Food:

1. Poor 2. Average 3. Good 4. Great 5. Awesome

Comments: _____

Mission Trip

1. Organization:

1. Poor 2. Average 3. Good 4. Great 5. Awesome

Comments: _____

2. Experience:

1. Poor 2. Average 3. Good 4. Great 5. Awesome

comments: _____

3. Mexico Trip (If Applies):

1. Poor 2. Average 3. Good 4. Great 5. Awesome

comments: _____

Comments or suggestions: _____



Urban Mission Trip
Permission & Medical Information Slip
If under 18 years of age, parent signature required

DATE OF TRIP: _____ Church Attending: _____
NAME OF STUDENT: _____ MALE/FEMALE: _____ SHIRT SIZE: _____
NAME OF PARENT(S): _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ WORK: _____ CELL: _____
E-mail Address: _____

I give my consent to have my son/daughter participate in the New Vision Christian Fellowship Urban Mission Trip.

Signature of parent

OTHER EMERGENCY CONTACTS

Name: _____ Phone: _____
Name: _____ Phone: _____
Insurance Co. _____ Policy #: _____ Name of Policy Holder: _____
Name and phone number of your child's regular physician: Dr. _____ Phone: _____

HEALTH HISTORY

To protect your child from possible embarrassment, but not to exclude him/her from the program, please list any health concerns that we should be aware of, also include any known allergies to drugs and/or insect stings.

A. _____ B. _____ C. _____

Date of Child's last tetanus shot: _____

PLEASE LIST ANY MEDICATION THAT YOUR CHILD WILL NEED TO HAVE WHILE ON THE TRIP:

MEDICATION: DOSAGE: WHEN TAKEN:

*In the event of a minor illness or injury [such as cold, headache, scrapes, sprains, abrasions, and/or small cuts], I do authorize the New Vision Christian Fellowship Ministries Staff / Youth Pastor, R.N. or EMT to give my child common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.

IMPORTANT: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed Mission trip activities except as noted by me and/or my physician. I hereby give permission to the physician selected by the New Vision Christian Fellowship Staff/Youth Pastor [or his/her representative] to order X-rays, routine tests, and treatment for the health of my child and to order injections and/or anesthesia and/or surgery for my child named above. This authorization is given pursuant to Section 25.8 of the Civil Code of California. This authorization shall remain effective through the extent of the scheduled program with New Vision Christian Fellowship unless sooner revoked in writing and delivered to said agent. I further agree that New Vision Christian Fellowship, it's Board of Directors, officers, and staffs are hereby relieved of all liability in the event of accident or injury to said minor.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Signature: _____ Date: _____

Minor's Signature: _____ Date: _____

_____ Please do not place me on your monthly newsletter list for update about New Vision Christian Fellowship.

_____ Check this line if you do not wish to have New Vision Christian Fellowship use any photographs and/or video taken during the mission trip to be used for any promotional or any other use. We will exclude using any photographs and/or video taken of you in any use or form.

Thank you and God Bless

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