

Wells of Living Water Missions Trip Registration Form

When completed, mail to Ken Andrews, 5812 Tillery Ln, Fayetteville, NC 28314

Trip Month and Year Travel Dates If Known \$1500 Plus Food and Personal Items
Total Trip Cost

Note: Please print your name as it appears on your passport.

First Name Middle Name Last Name

Street Address State Zip Email

Date of Birth (mm/dd /yyyy) ____/____/____ Your Phone Number _____

Passport Number _____ Expiration Date of Passport (mm/dd /yyyy) _____

Emergency Contact Information (Someone Not Attending This Trip)

Name Best Phone Number Relationship

To the best of my ability, the information above is correct and factual.

Signed Date

(If younger than 18 years) Signature of Parent or Guardian Relationship

Deposit Submitted with This Form \$ _____ (Made payable to: Wells of Living Water)

Please Submit This Form and your Deposit to the executive office address listed above.

WOLWI Office Only:

Date Received \$ _____ # _____ \$ _____
Amount of Deposit Check Number or "Cash" Balance Due