



71980 Memphis Ridge Road
Richmond, MI 48062
Office (586) 486-3121
Toll Free & Fax: (800) 647-6914

IF THIS IS YOUR FIRST OVERSEAS TRIP
YOU WILL NEED TO START RIGHT AWAY

1. Read the complete packet. Fill out the proper forms and mail in with your \$50.00 deposit. This deposit is to insure that you are interested in going on this trip and will be accredited to your account.
2. Go to the Post Office and apply for a passport. You will need a birth certificate with a raised seal on it.
3. You will need to contact the health department (Port Huron, 810.987.5300 ask for International Immunization Dept.) or a private immunization clinic to start receiving shots for travel to Mali, West Africa. It is a requirement to travel to have your Yellow Fever shot. When applying for your visa you will need the Yellow Fever document to send along with your passport.
4. Make a letter of support to be sent out to your family, friends, etc. It is important to involve others in reaching out to the needy. All the funds received will be tax deductible.
5. Please feel free to contact the Kingdom Train office with any questions or needs.

KINGDOM TRAIN

"WHERE YOUR INVESTMENT YIELDS ETERNAL RETURNS"

6. Have you been involved in any other mission experience? If so when and where:

7. Briefly describe why you want to participate in this experience. What do you feel you could contribute in the way of skills or talents? Be Specific:

8. What do you hope to gain?

9. What personal strengths do you feel you have that will benefit this missions team?

10. Describe yourself as a person:

11. Do you speak French? If yes, describe your level of fluency. Could you serve as a translator? Yes__ No__

12. Church affiliation _____ Are you a member? Yes__ No__
 How long have you been affiliated with this church? _____
 Briefly describe your involvement with your church:

13. Do you have any concerns about this mission trip?

I promise to participate in my group's preparation process.

I am committed to the Great Commission (Matthew 18:19-20)

Print full name: _____

Signature: _____

Please read the whole packet, sign all the forms and include these with your application:

1. If you are under the age of 18 years old, the supplemental Application for Minor Children MUST accompany this application.
2. Travel Arrangements Permission Agreement
3. Expectations for Exemplary Personal Conduct.
4. Waiver of Responsibility and Assumption of Risk.

Please complete the entire applicaton and all signed forms along with a \$50.00 Non-refundable deposit to:

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