



Day Trip Participant Packet

Instructions

Please read the following instructions carefully

Thank you for your interest in joining The Project 143 Foundation for an upcoming mission trip. The process begins with a **Day Trip Participant Application, Liability/Release to Travel Form, and payment for the trip.**

Please complete the following:

- 1. Participant Application**
- 2. Liability Release/Release to Travel Form**
- 3. Payment**

Application Process

Please return all completed forms to Beverly Neal, Regan Boudreaux, Therese Boudreaux, or Elizabeth Boudreaux either directly or to bneal@nhwc.org.

Step 1:

Turn in all required documents

You will receive a confirmation text or email after your day trip application has been approved.

Step 2:

Submit your Payment

Space is often limited and acceptance is based on a first come, first serve basis. Payments are sometimes NON-REFUNDABLE as they block off a spot for you and are used to forward fund costs associated with the trip (i.e. t-shirt, transportation, etc.).

Payments can be made through PayPal directly at www.project143foundation.org or through the following link:

https://www.paypal.com/donate?token=KDh_D6tLVpdbFBLDr6eSTT4jVX2XcN87TYs7YQxGnrl-lhKHhjDFES3Texg5hBS9L3g6aGcTI6SHMDGS

While we cannot accept credit cards at this time, feel free to use a credit card through our PayPal account. We can also accept paper checks. All checks should be mailed to The Project 143 Foundation, 5851 Huntington Drive, Grovetown, GA 30813 or directly given to Beverly Neal or Regan Boudreaux.



Day Trip Participant Application

Personal Data PRINT OR TYPE PLEASE

Legal Name _____

Address _____

City _____ State _____

Email Address _____

Cell Phone () _____ Work Phone () _____

Place of Birth _____ Date of Birth _____ Age _____

T-Shirt Size

Youth: _____ Small _____ Medium _____ Large

Adult: _____ Small _____ Medium _____ Large _____ XL _____ 2XL _____ 3XL _____ 4XL

Social Media Platform(s) Used: _____

Name on Social Media _____

Emergency Contact

Name and address

Phone Number () _____

Relationship: _____ Parent _____ Spouse _____ Other

Health Insurance _____ Yes _____ No

Insurance Company _____

Policy Number _____

Phone Number _____

Do you have a criminal background or have any felonies? _____

If yes, are they cleared so that you will be able to travel? _____

References (Non Related-Pastor/Teacher, Employer, Friend)

Name	Phone Number	Years Known
1.		
2.		
3.		

Health

List Any Known Allergies:

Medications (Prescription and OTC)

Name of Medication	Prescribed By	Frequency Taken

List any chronic health problems, physical limitations, and/or medical conditions as diagnosed by your primary local physician(s)

Describe any special dietary needs.

I have read, understand and agree with the Application and accompanying information.

Signed: _____ Date: _____

Parent Signature if under 17 _____