

**Emmaus Road
P.O. Box 123
Durand, WI 54736
A Charitable Organization
Short Term Mission Trip Application**

In case of emergency contact: _____

Relationship: _____ Address: _____

Street

City

State _____ Zip _____ Home Phone _____ Work Phone _____

Your occupation: _____

Present Employer: _____

Name

Phone Number

Address: _____

Street or P.O. Box

City

State

Zip

Pastor's Name: _____

Phone Number

Home Church: _____

Address: _____

Street

City

State

Zip