

# YPM Mission Trip REGISTRATION FORM



**Please PRINT all information below. Sign and turn in with Passport (Copy or Bring to Scan) and \$100 Non-Refundable Deposit made out to MVPC with check notation YPM Mission Trip. Mail registration form to:**

**MVPC 2500 N. Garfield Ave Loveland, CO 80538 Attn: YPM Mission Trip**

**OR drop off to MVPC Church Office during Office hours Mon - Thurs 9am to 3pm.**

## PERSONAL INFORMATION

Full Name (First, Middle, Last) \_\_\_\_\_

Phone Number \_\_\_\_\_ Can Receive Text ☐ Yes ☐ No

Email Address \_\_\_\_\_

Church Attend \_\_\_\_\_

## TRAVEL INFORMATION

Passport # \_\_\_\_\_  
*Please attach a color copy of your passport or bring passport to be scanned.*

### FLIGHT INFO TO CANCUN

Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Departure City \_\_\_\_\_

Departure Time \_\_\_\_\_ Arrival Time \_\_\_\_\_

### RETURN FLIGHT INFO

Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Arrival City \_\_\_\_\_

Departure Time \_\_\_\_\_ Arrival Time \_\_\_\_\_

☐ **I plan to extend my stay in Mexico at a local resort/hotel after the mission trip is over.**

*Please note that it will be your responsibility to get to the resort, airport, etc after leaving YPM.*

## MISSION TRIP EXPERIENCE

Please let us know why you would like to participate on this mission trip as well as any other mission trips you have been on and in what capacity you served.

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## EMERGENCY CONTACT INFO

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

## DIETARY NEEDS

*We will do our best to try and accomodate you.*

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Gluten-Free       | <input type="checkbox"/> Peanut Allergy |
| <input type="checkbox"/> Vegan      | <input type="checkbox"/> Tree Nuts Allergy | <input type="checkbox"/> Dairy-Free     |

*Other Allergies or Needs that would be useful for the Chefs:*

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## PAYMENT SCHEDULE

I understand that the following is due and must be made by Check or Cash to MVPC

- ☐ \$100 Non-Refundable Deposit w/ this form by OCTOBER 31, 2025
- ☐ \$350 Payment by DECEMBER 1, 2025
- ☐ \$250 Balance & YPM required forms

## TEAM MEETINGS

I understand that I am required to attend Team Meetings in person or by ZOOM link.

- ☐ Sunday, November 9, 2025 @ 11:15am at MVPC in the Library
- ☐ Sunday, January 11, 2026 @ 11:15am at MVPC in the Library

## AGREEMENT & SIGNATURE

By submitting this application, I affirm that I intend to participate in the Mexico Mission Trip. I understand that my deposit of \$100 is non-refundable. I agree to participate in pre-trip meetings, and serve as an active & positive participant in all group activities for the mission team.

Full Name (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## OFFICE USE ONLY

- |   |                               |  |
|---|-------------------------------|--|
| <input type="checkbox"/> \$100 Non-Refundable Deposit | <input type="checkbox"/> Cash | <input type="checkbox"/> Check # _____ |
| <input type="checkbox"/> \$350 Payment                | <input type="checkbox"/> Cash | <input type="checkbox"/> Check # _____ |
| <input type="checkbox"/> \$250 Balance                | <input type="checkbox"/> Cash | <input type="checkbox"/> Check # _____ |

- |   |   |
|---|---|
| <input type="checkbox"/> Copy of Passport         | <input type="checkbox"/> Team Meeting 1 |
| <input type="checkbox"/> YPM Release Form         | <input type="checkbox"/> Team Meeting 2 |
| <input type="checkbox"/> YPM Medical Release Form |   |