



# SHORT-TERM TRIP APPLICATION

**TO BE COMPLETED BY ALL PARTICIPATING IN A CSPC SPONSORED TRIP  
AND SUBMITTED TO THE TEAM LEADER**

## Cedar Springs Presbyterian Church

**NOTE: ALL SPACES NEED TO BE COMPLETED & QUESTIONS ANSWERED OR THIS WILL BE RETURNED TO APPLICANT. FOR SPACES THAT DO NOT APPLY ENTER "N/A."**

Date \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Type of Service and Location \_\_\_\_\_

CSPC Team \_\_\_\_\_ Team Leader \_\_\_\_\_

Mission Organization if not a CSPC Team: \_\_\_\_\_

Date of Departure \_\_\_\_\_ Date of Return \_\_\_\_\_

If you are employed or have other income, are you presently giving to the world missions fund of Cedar Springs?

Yes  No (Note: We anticipate that those who apply for support are donors of record to our world missions fund if they are employed or have income.)

Total Support Needed: \$ \_\_\_\_\_

Of this amount, how much for: Travel? \$ \_\_\_\_\_; Room/Board? \$ \_\_\_\_\_

If support funds applied for are to be paid to an organization other than CSPC, to whom should the check be payable and on what date should CSPC support funds be sent?

Organization \_\_\_\_\_

Address \_\_\_\_\_

If you are not going on a CSPC led trip, do you have adequate medical coverage when traveling outside the continental US?  Yes  No If not, what are your plans to obtain adequate coverage? Please show the name of your carrier in the space below:

Insurance Carrier \_\_\_\_\_

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### *For office use only*

Amount Approved: \$ \_\_\_\_\_ Check # & Date paid \_\_\_\_\_

Line item to be credited: \_\_\_\_\_ Posting entry date \_\_\_\_\_

Form updated 4/07 by Training & Trips Team

**OVER>**

# Release, Permission To Travel Form

***ALL FORMS MUST BE NOTARIZED Must be signed in the presence of notary.***

## ***Notarized Certificate of Acknowledgement***

State of \_\_\_\_\_ County of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_

NOTARY PUBLIC: \_\_\_\_\_ (Notary Seal Required)

## ***THIS SECTION FOR MINORS (less than 18 years old)***

### ***Permission for Travel***

As a parent or guardian, I give my permission for (name) \_\_\_\_\_  
to travel to and from \_\_\_\_\_, including intermediate stops required in travel, to  
participate in a short term mission trip on the following dates: (from) \_\_\_\_\_ to  
\_\_\_\_\_, 200\_.

**Father:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other legal guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ***Release of Liability***

I am aware of the potential risks to my child and his\her property as he\she participates in this short-term mission trip. With such knowledge, I voluntarily release Cedar Springs Presbyterian Church, its representatives and employees from any and all liability related to the activities of the program.

**Father:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other legal guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ***THIS SECTION FOR ADULTS***

### ***Release of Liability***

I am aware of the potential risks to my person and property as I participate in a short-term mission trip to \_\_\_\_\_ during the dates \_\_\_\_\_. With such knowledge, I voluntarily release Cedar Springs Presbyterian Church and its representatives and employees from any and all liability related to the activities of the program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_