



Mission Cry Belize Mission Application





Do you want to go on a mission trip that will impact an entire nation for Jesus? Jesus started the biggest mission's movement of time, when he left his rightful place to come to this earth. Christian means "Christ Like"! Matthew 4:4 states man shall not live by bread alone but by every word that comes from his mouth. In November of 2017, a team of evangelists, a multitude of missionaries, and hundreds of local churches will join together to make this prophecy a reality in the nation of Belize. Will you help us bring hope to those who need it the most? Our Goal is to let Belize hear our Mission Cry by through a crusade, conference and most importantly a free bible and or christian book for every home in the entire country of Belize! Will You Join the Mission Cry?

We Need Your Help!

Join the Team

Dates of the Trip: November 4-11, 2017.

Cost: If you would like to go on this trip, the cost is \$2,300 which includes your airline ticket, lodging, transportation, bottled water, meals and a special tour!

First Step: Please fill out the application and send it in along with a \$300 non-refundable deposit due with your application. Payment For more information, visit: www.missioncry.com Mission Trip Application (Please print or type)

Payment Due Dates: Get started with \$300 deposit

March - \$286

April - \$286

May - \$286

June - \$286

July - \$286

Aug - \$286

Sept 1 - \$286 (Final Payment)

Mission Trip Application

Date: _____

(Please write your name as it is found on your passport)

First name: _____ Last name: _____

Current Home Address: _____ City: _____

State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail address: _____

Facebook Page: _____

Mission Trip you are applying for: **Belize 2017** Dates: **Nov 4th-11th**

What are the top three cities you could fly out of? _____

Personal Info Gender (circle one): Male Female

Age: _____ Date of Birth: _____

Marital Status: _____

Name of your spouse: _____

Do you have kids? _____ Height: _____ Weight: _____

T-Shirt Size: _____

Emergency Contact (Someone who is not traveling with you):

Name: _____

Phone Number: _____

Citizenship and Passport Info

Are you a citizen of the United States? _____ Yes _____ No

Do you have a passport? _____

Passport number: _____

Expiration date of your passport: _____ / _____ / _____

If you do not have a US passport, please indicate the country of your passport: _____

Do you have a green card? _____

Do you require a special visa to live in the USA? _____

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If so, what kind of visa? _____

Ministry Interests: What type of ministry are you interested in participating in? (Please check all that apply.)

Bible and Book Distribution: _____

Street Evangelism: _____

Prayer walking: _____

Preaching: _____

Youth ministry: _____

Kids ministry: _____

Ministry of helps: _____

Prayer ministry: _____

Friendship evangelism: _____

Business Seminar: _____

Leadership Training: _____

Previous Missions Experience

Have you ever been on a mission trip before?

Who did you go with? _____

Where did you go? _____

Year: _____

Do you speak a foreign language? If yes, indicate which: _____ Beginner _____ Speak and read some _____ Fluent, can translate

Have you ever led praise and worship? _____

Which instruments do you play? _____

Other ministry talents: _____

Tell Us More

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Briefly tell us why you want to go on this mission trip?

Age that you got saved: _____

Tell us your testimony. How did you become a Christian? Describe the major influences (both positive and negative) that have affected your Christian walk. How have you grown in the Lord in the past year?

All forms can be completed, scanned and emailed to our Coordinator:

Sarah Stidham: sarah@missioncry.com

Mission Trip Application

517-223-3193

Or Mailed to: Mission Cry PO Box 356 Fowlerville, MI 48836.

Please include: * A \$300 non-refundable deposit with your application. (Please be aware that we cannot process your application without the deposit.)

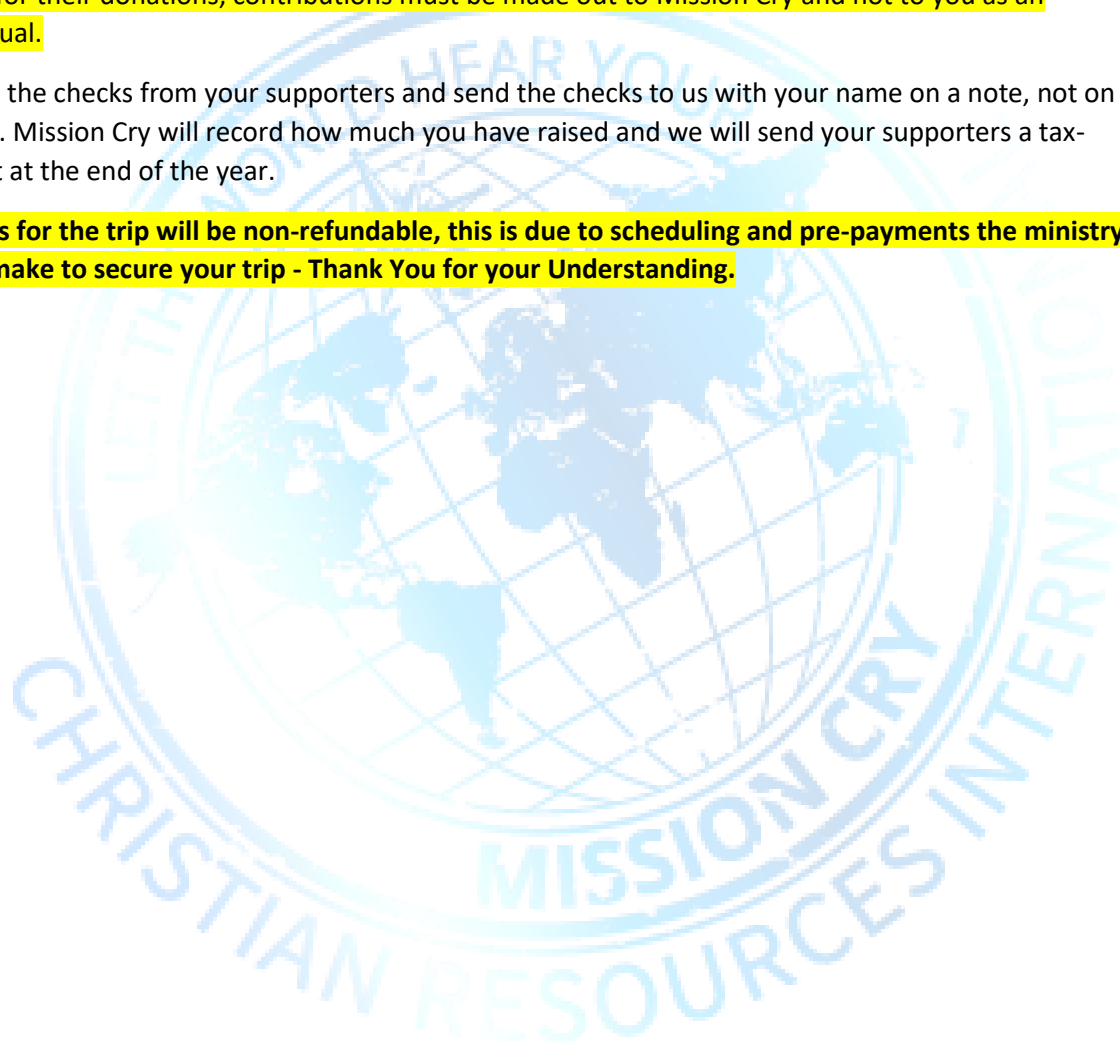
* A recent photo of yourself. *

The Medical Release forms.

Tax Deductible Receipts are available for you and your donors. **In order for individuals to receive tax credit for their donations, contributions must be made out to Mission Cry and not to you as an individual.**

Collect the checks from your supporters and send the checks to us with your name on a note, not on the checks. Mission Cry will record how much you have raised and we will send your supporters a tax-receipt at the end of the year.

Monies for the trip will be non-refundable, this is due to scheduling and pre-payments the ministry must make to secure your trip - Thank You for your Understanding.



Medical Release Form

Mission Trip Application

MISSION CRY STATEMENT OF RESPONSIBILITY, RELEASE FROM LIABILITY, AND AUTHORIZATION TO PARTICIPATE IN MISSIONS TRIP

The agreement must be signed and returned to Mission Cry. If the participant is not 18 years of age or older, the Agreement also must be signed by the parent or guardian. Failure to accept and/or abide by the terms and conditions of this Agreement as provided may result in the Participants' inability to participate in the Mission Trip.

I, _____, have agreed to be a Participant in the Mission Trip sponsored in whole or in part by Mission Cry. In consideration of being allowed to participate in this mission trip, I hereby state and agree as follows:

1. Standards of Conduct

A. I agree to abide by Mission Cry's conduct regulations and the directions of the Group Sponsor and his or her designees. I understand that the group sponsor has the right to enforce appropriate standards of behavior and that I may be dismissed from the Mission Trip at any time for failure to comply with such standards. Mission Cry reserves the right to decline to retain me on the Mission Trip at any time should my actions or general behavior impede the Mission Trip, or the rights and welfare of any person, including but not limited to my own welfare. Similarly, if my conduct violates any policy or procedure of Mission Cry, I understand that I may be required to leave the mission trip at the sole discretion of Mission Cry's agents and representatives. I understand that if my participation in the mission trip is terminated by the group sponsor, I will be sent home with no refund of fees. If I am sent home before completion of the mission trip, I understand that I will be responsible for any and all costs and expenses associated with my return home.

B. I acknowledge and understand that, while I am a participant, I am responsible for my own behavior and any legal or financial consequences just as I would be at home.

2. Institutional Arrangements I understand that Mission Cry does not represent or act as an agent for, and can not control the acts of omissions of, any host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods or services involved in the mission trip. I understand that Mission Cry is not responsible for matters that are beyond its control. I hereby release Mission Cry from any injury, loss, damage, accident, delay, or expense arising out of any such matters.

3. Program Changes I understand that Mission Cry reserves the right to make cancellations, substitutions, or changes to the mission trip in its sole discretion, with or without notice, and that Mission Cry shall not be liable for any loss to the Participants by reason of any such cancellation or change. Mission Cry is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the Participant or Mission Cry makes a flight arrangement. Any additional expense resulting from the above will be paid by the Participant. Mission Cry reserves the right to substitute hotels or accommodations or housing or a similar category at any time. If I become detached from the mission group, fail to meet a departure vehicle, airplane, boat, or train, I will at my own expense seek out, contact, and reach the mission group at its next available destination.

4. Independent Activity I understand that, if I choose to travel independently before, after or during my free time in the mission trip, such travel will be unsupervised by Mission Cry's agents or employees. I

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agree that Mission Cry and its agents and employees shall have no responsibility or liability for injury, damage or loss suffered by me during such periods of independent travel.

5. Health and Safety

A. I hereby represent and warrant that I am and will be covered throughout the mission trip by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or experience, while in the program, and; and I release and absolve Mission Cry of all responsibility and liability for any injuries, illnesses (including death), claims, damages, charges, bills and/or expenses I may incur while abroad, including periods before, during, and after the duration of the mission trip. I understand that this Travel Insurance policy is required and that I will purchase it as a part of the mission trip cost.

B. I understand that Mission Cry will assist in providing information regarding health insurance for participants, and that Mission Cry requires mission trip participants purchase the Travel Insurance for minimum insurance coverage. I also understand, however, that I am responsible for ensuring that I am adequately covered by health and accident insurance including periods before, during, and after the duration of the mission trip. Evidence of emergency contact information and any information I want Mission Cry to have on me regarding coverage for accident, illness, hospitalization, accidental death and dismemberment, and emergency medical evacuation is attached to this agreement.

C. I agree that Mission Cry, through its agent and employees, may take whatever action is deemed necessary with respect to my health and safety, I authorize Mission Cry and its agents and employees to place me, at their discretion and without my further consent, in a hospital or in the care of a local doctor for medical services and treatment. If necessary or desirable, I also authorize them to transport me back for medical treatment. I agree that I, along with my parents or guardian, will be fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care.

D. I agree to report to the group sponsor, as soon as I become aware of such, any physical or mental condition I have which may require special medical attention or accommodation while traveling.

E. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the mission trip. I recognize that Mission Cry is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, before, after, or during the mission trip, Mission Cry is not responsible for the cost or quality of such treatment or care.

6. Assumption of Risk and Release of Claims

A. I hereby acknowledge my awareness that my participation in the mission trip may expose me to risk of property damage and bodily or personal injury, including death. I understand that the risks I may encounter include by way of example: airplane crashes, motor vehicle accidents, terrorist incidents, cuts, bruises, broken bones, political unrest, strikes, acts of God, sickness, and criminal acts as well as other risks that may or may not be foreseeable. I HEREBY ASSUME ANY AND ALL SUCH RISKS, AND I ACKNOWLEDGE THAT I AM RESPONSIBLE TO ACT REASONABLY AND PRUDENTLY WITH RESPECT TO MATERS OF PERSONAL HEALTH AND SAFETY.

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I understand and acknowledge that Mission Cry assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of Mission Cry, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodation, restaurant, transportation, or other services or any substitution of hotels or of common carrier or other circumstances beyond Mission Cry's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, Medical Release Form Mission Cry will not be responsible for my hotel transfers, meal costs, or other expenses. My baggage and personal property is at my risk entirely. The right is reserved by Mission Cry, in its sole discretion, to cancel the mission trip or any aspect thereof after departure, requiring that all participants return home, if Mission Cry determines or believes that any person is or will be in danger if the mission trip or any aspect thereof is continued.

KNOWING THE RISKS DESCRIBED ABOVE, and in consideration of Mission Cry's arranging for my participation in the mission trip, individually and on behalf of any family, heirs, assigns, and personal representative(s), to the maximum extent permitted by law, I HEREBY ASSUME THESE RISKS AND RELEASE, WAIVE, AND FOREVER DISCHARGE MISSION CRY, its board of trustees and their officers, agents, and employees (the "Releasees") from liability for any and all harm, injury, claims, demands, rights, causes of action, costs and expenses of whatever kind, arising from or by reason of any loss, damage, or injury sustained by me or caused to my property, or the consequences hereof resulting from or in any way connected with my participation in the mission trip.

B. The terms of this agreement shall be severable, such that if a court holds any term to be illegal, unenforceable, or in conflict with any law governing this agreement, the validity of the remaining portions shall not be affected thereby.

7. Acknowledgment

I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.

Signature of Participant _____

Date _____

_____ (Please Print name)

I (a) am the parent or legal guardian of the above Participant, (b) have read the foregoing Agreement (including such parts as may subject me to personal financial responsibility and assumption of risk), (c) am and will be legally responsible for the obligations and acts of the Participant as described in this Agreement, and (d) agree, for myself and for the Participant, to be bound by its terms.

Signature of Parent/Guardian _____

Date _____

Belize wants to hear your Mission Cry?

Mission Trip Application

November 4th to 11th, 2017

\$75,000 needed to send \$3 million in donated Bibles and Christian Books

Mission:

Reach the entire country of Belize with a bible or christian book, Send an additional \$2.5 million in books to Belize, Hong Kong, Kenya & Bolivia!

Location:

Belize

Reach:

150,000 Belize residents to receive or have access to bible or Christian book
Crusade to reach thousands

Advertised in Guatemala, Mexico, Belize and Nicaragua on radio program

Cost:

\$2300

Includes plane fare, in country travel, meals, lodging and Tour!

Layout:

Distribution of Bibles and Christian books

Bible and Book Distribution

Light medical needs provided

Hospital visitation

Ministry to children

Training for Pastors and Leader Seminar

Kids programs and school visitation

CRUSADE

Distribution of books and presentation of the gospel

Rev. Woolford son's story of being healed of a brain tumor and evangelistic message

Will you join the team?