

## MEXICAN MEDICAL MINISTRIES 2018 CARAVAN APPLICATION

Please mail in this form with application fee as soon as possible!  
**\$50.00 for a weekend group / \$125.00 for week or more**  
 This amount is not a deposit and is non-refundable. When completed please return to:  
 Mexican Medical Ministries  
 7850 Lester Ave  
 Lemon Grove, CA 91945

**Church or Organization name:** \_\_\_\_\_

Church or Organization's address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip +4: \_\_\_\_\_

Church or Organization's Phone number: \_\_\_\_\_

Name of the Pastor of the church: \_\_\_\_\_

Denomination/Affiliation of Church or Organization \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Group leader of the mission trip:** \_\_\_\_\_

Group leader's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4: \_\_\_\_\_

Phone number: Work \_\_\_\_\_ ext.: \_\_\_\_\_ Cell: \_\_\_\_\_

Home \_\_\_\_\_ E-mail \_\_\_\_\_

Has this leader accompanied a caravan with Mexican Medical before? Yes \_\_\_ No \_\_\_

If no, has this leader had a similar experience? Yes \_\_\_ No \_\_\_

If yes, when and where did this leader go? \_\_\_\_\_

- Desired Caravan dates: 1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_
- Desired Site: (Please check the site you would like to take your caravan to)

<input type="checkbox"/> Cabo San Lucas	<input type="checkbox"/> La Esperanza	<input type="checkbox"/> Loreto	<input type="checkbox"/> Mobile Team	<input type="checkbox"/> Other
<input type="checkbox"/> San Vicente	<input type="checkbox"/> Tecate	<input type="checkbox"/> Tijuana		

- Approximate number: Total: \_\_\_ (Type of group: H.S. \_\_\_; College \_\_\_; Adult \_\_\_)

**PLEASE COMPLETE THE BACK SIDE OF THE APPLICATION**

- Number of people who speak Spanish fluently \_\_\_\_\_
- Has your group come with Mexican Medical before? Yes \_\_\_ No \_\_\_  
 If so, what year(s) and what site(s) did the group go to? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- If this is your group's first mission trip with Mexican Medical how did your group come in contact with us?  
 \_\_\_ Recommended by a friend/acquaintance. Who recommended? \_\_\_\_\_  
 \_\_\_ Received information at a conference / seminar / Mission Fest / etc.  
 At what conference or meeting did you receive the information?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_ We received the information by: \_\_\_\_\_  
 \_\_\_\_\_
- What specific goals do you wish to accomplish during your time in Mexico? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- What are your plans to prepare your caravan team for the mission trip? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- **Caravan Leader's Manual:** In what form would you like to receive the manual?  
 \_\_\_ Hard Copy; \_\_\_ C.D.; \_\_\_ via e-mail attachment