

MEXICAN MEDICAL MINISTRIES

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 pastor: _____

Affiliation of Church or Organization _____

E-mail: _____

Group leader name: _____

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 trip dates-- 1st choice: _____ 2nd choice: _____

• Site you would like to take your caravan to:

Cabo San Lucas La Esperanza Tijuana Other: _____

• Approximate team size- Total: ____ (HS ____; College ____; Adult ____)

PLEASE COMPLETE BOTH SIDES OF THE APPLICATION

- Number of team members 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 / etc.
Which one? _____
 Other: _____

- What specific goals do you hope to accomplish during your time in Mexico? _____

- What are your plans to prepare your team for the mission trip? _____

- **Caravan Leader's Manual:** In what form would you like to receive the manual?
 Hard Copy
 CD
 Email attachment (PDF)