



FAITHWORKS CHRISTIANS IN MISSION  
MISSION TRIP REGISTRATION FORM

Please print and mail to:  
Faithworks  
3600 N. 4<sup>th</sup> St.  
Flagstaff, AZ 86004

\_\_\_\_\_ Yes, I would like to participate in the \_\_\_\_\_ on \_\_\_\_\_.  
Name of Trip Date

(See website calendar for details of Scheduled Mission Trips)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Church Attended \_\_\_\_\_

Name of Pastor and Phone# \_\_\_\_\_

Spanish Speaking? \_\_\_\_\_

Medical or Professional Expertise \_\_\_\_\_

Note: Your registration will be reviewed and you will be contacted.