**El Salvador Mission Project**
**Thursday, March 11th to Monday, March 22nd 2027**
Short-Term Mission Application
(1 application per participant)
(All applications are subject to review and approval )

**All applications** along with your non-refundable deposit of $700.00 per person by December 11th, 2026 with balance of trip cost due January 29th, 2027
**Early application may be able to return on the Sunday March 21st 2027 depending on ticket availability**

(If you need a little more time to pay off balance contact Pr. Dennis Page at 574-532-2119)

We look forward in getting to know you better and helping you to have an experience you will not forget.

**General Information**

Name: (as it appears or will appear on your passport)

_____
First Middle Last

Enter passport information if you have a current passport that does not expire prior to September 17th, 2027. Also include a copy of your passport with this application. Passport information can be provided later if you are filing for one.

Passport number: _____
Passport expiration date: _____
Country passport was issued: _____
Date of Birth: _____

**T - Shirt size: (Men & Youth sizes only) - ____**

**Current Address**

Street address or P.O. Box number : _____

_____
City State Zip/Postal code

Home Phone: _____
Cell Phone: _____
E-mail: _____

**EMERGENCY Contact person:**

_____
Name Relationship to you

_____
Street Address City State Zip/Postal Code

Home Phone _____Work Phone _____

All participants under 18 must be under the authority of a parent-assigned guardian.
**Download parent consent form at dropofgrace.org under missions tab.**
***Name of your church** _____

***Pastor's name and number** _____

***Please list two other references with contact numbers**

_____

**Mission Experience:**

Have you ever been on any other mission trip(s) in the past? Short or long term?
Yes____ No____

Where? _____

Tell us briefly, why you would like to go on this year's mission trip to El Salvador and what are your personal expectations. What kind of skills do you feel you have and are willing to use during the project?

_____
_____

**Health Information:**

Are you taking any prescription drugs currently? Yes ___ No ___
Will you be taking these on the trip? Yes ___ No___

**Please list** prescription medications that you will be taking or attach the list to this application. **Please print clearly.** This information will be kept confidential.

_____
_____

**Please realize that if you forget your medication, you may or may not be able to obtain them outside of the United States. This is especially true of controlled medications.**

Are there any Health issues that we need to be aware of that could affect your health during this trip?

_____
_____

**Please be aware that certain medical issues may pose a significant risk to the individual or others and, in the estimation of the leaders and / or the group's medical director, would be reason to exclude the individual from participating in this mission trip.**

Are there any food allergies or sensitivities that we need to be aware of or that the cooking staff may have to provide? Please list the issue.

_____

_____

Do you have any medication allergies? Please list the medication and the type of reaction or attach the list to the application.

_____

_____

**If you have any life-threatening allergies, please make sure you bring TWO up-to-date Epi-Pens with you on the mission trip, one to be held at all times by the child's guardian.**

**Financial Information**:

**Cost Per Person: $1,400.00 / adult**
**$1,200.00 / student or child**

$700.00 non-refundable down payment is due by **December 11th, 2026** for each participant.
**Balance of trip cost due by** January 29th, 2027 All monies are non-refundable. In case of an emergency contact Pr. Page

**What the payment DOES NOT include:**

1. Money for minor personal emergencies
2. Money for eating out during travel to and from El Salvador
3. Money for souvenirs

**Statement of Agreement from You:**

I understand that participating in a mission trip is a great privilege. I understand the all participants will attend morning and evening worships and Sabbath school and Worship on Sabbath.

I am looking forward to being actively involved in this mission trip and am willing to follow the directions of the mission trip leaders.

I authorize Drop of Grace Ministry and the mission team leaders to use any pictures of me taken during the trip in their publications or promotional materials for future mission projects.

Any illegal or unacceptable behavior before or during the trip may result in immediate termination of my participation. If you need to be sent home for a situation not covered by insurance, you will be responsible for the cost.

I have read and agree with the statements mentioned and agree and pledge to give my full participation and cooperation in this mission trip. **This application is not considered complete until the non-refundable deposit is received.**

**Signature** _____ **Date**_____

I understand that there is insurance coverage through Adventist Risk Management Services. Beyond what the insurance covers, I, the undersigned participant, understand that I am voluntarily participating in an international mission trip organized by [Drop of Grace INC.] and acknowledge that travel involves inherent risks, including but not limited to illness, injury, accident, or death. I hereby release, waive, and hold harmless [Drop of Grace INC.], its leaders, agents, and affiliates from any and all liability, claims, or demands arising from my participation in this trip, whether caused by negligence or otherwise. I assume full responsibility for my personal health, safety, and actions while abroad.

**Signature:** _____

**Printed Name:** _____

**Date:** _____

**Make Checks Payable to: Drop of Grace and send completed copy of your application with a colored copy of your passport and deposit to Drop of Grace P.O. Box 201 Breckenridge, Mi. 48615**

(in the Memo write **El Salvador My Trip 2027)**

**All Applications are approved by the board of Drop of Grace Ministries.**

If you have any questions please call Pr. Page at 574-532-2119