



EPIC

Reaching Missoula one mission at time

Trip Info

We are excited that you chose to journey with us as we reach beyond the boundaries of language and culture to bring the hope of Jesus to the lost and poor of this world. This mission is designed around outreach with a local church to impact a city. PI often brings teams and local churches together to create a momentum for ministry and take a local churches and missions to a higher level. Missoula is a beautiful place with many people who need to hear about the love of Jesus. You will do outreach programs like sports camps, VBS, food distribution and community outreach events. Be a part of reaching America one mission at time. Give a week of your life and help the local church reach an entire city.

Your Free Day:

You will have a day to explore the beautiful area of Missoula where there are many opportunities to choose from.

What We Do

Partnership International facilitates short-term missions by connecting churches, pastors, businesses, and individuals to great missions opportunities in the U.S. and around the world. We want to connect you to God's passion by providing a bridge to the lost masses around the world. We have developed relationships around the world with phenomenal missionaries, organizations, and the global church in order to give you a life changing missions experience.

We are joining you in prayer to make this missions trip a reality in your life. Take a step of faith with us to reach the world one mission at a time.

Mail all checks and apps to:
Partnership International
10628 Winner Rd. Suite 500
Independence, MO 64052
(816) 254-6792

Trip Details

Airport to:
Missoula (MSO)
Ground Travel to:
Decided by trip goers
(Travel to location is not included in trip cost)

Trip Cost: (Airfare not included) **\$245**
Price includes; ground cost, most ministry supplies, lodging, food and support staff

App Fee: (Non-refundable) **\$115**

Due April 1st & deducted from trip cost
Includes; Identity package & insurance

*** Payment dates & amounts ***

May 1st	
\$130.00	

From PI - We are committed to simplifying the process and giving you the greatest experience of your life.

...“HOW BEAUTIFUL ARE THE FEET OF THOSE WHO BRING GOOD NEWS!”

ROMANS 10:15

Health Information

Sex: Male Female Height _____

Weight _____ Blood Type _____ (if known)

In case of an emergency notify:

Name: Last First Middle Int.

24 hour contact # _____

Relationship to applicant: _____

Can you swim? No Yes

Do you sleep walk No Yes

Have you ever suffered a serious illness, had surgery performed or been hospitalized?

No Yes (if yes please explain)

Do you have any known allergies?

No Yes (Please List)

Do you have any dietary restrictions or food allergies? No Yes (Please List)

Are you currently using any medications? (Include prescription and non-prescription)

No Yes (Please List)

Have you ever been treated for (or are now suffering from) emotional difficulties?

No Yes

Do you have a communicable disease?

No Yes (Please List)

Do you have any physical limitations that prevent participation in rigorous activity?

No Yes (if yes please explain)



Trip Application 2011

Name: _____
(Last) (First) (Middle Int.)

Street Address:

City: _____ State: _____ Zip: _____

How did you hear about PI?: _____ DOB / /

Have you taken a trip with us?: no yes (how many?)

Email address: _____

Tell us a little about yourself and why you are interested in going on a missions trip.

Do you have previous missions experience?: no yes

Number of trips you have been on?: _____ T-shirt size: _____

Church Name & City: _____

_____/_____/_____
Signature (parent or guardian if minor) Date

Missoula, Montana
Trip # 1121

This application represents a letter of intent to agreement between the designated individual and Partnership International. Acceptance of the designated individual for ministry work by Partnership International, along with the signature of an authorized agent of the designated individual constitutes an agreement to abide by the terms as expressed in this letter. Only those authorized to act on behalf of the designated individual and the sponsoring church or organization are permitted to complete this application. It also represents an intention to support the future development of ministry in the host country through submission to the instructions of Partnership International personnel in matters of conduct and ministry practice.

After receiving application and \$115 deposit PI will send an assumption of risk form to be completed by you.

IMMUNIZATIONS:

For our information please indicate date of most recent immunization, if known.

Poliomyelitis _____ Diphtheria _____ Hep A _____

Hep B _____ Measles/Mumps/Rubella _____

Tetanus _____ Malaria _____ Other _____

Physician: _____ Office # (_____) _____

Stateside Insurance Coverage:
• \$10,000/\$5,000 Accident/Sickness Medical Benefit • No Deductible • \$25,000/\$12,500 Accidental Death and Dismemberment • \$2,500 Maximum Dental Expense Benefit • \$2,500 Maximum Outpatient Physical Therapy • \$250 Primary Excess Coverage • All coverage is secondary coverage.