



REGISTRATION FORM

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Gender Male Female Age _____ Check here if you are willing to be the coordinator for your church

Emergency Contact Info

Name _____

Relationship _____

Phone _____

Skills, Talents and Gifts

Please list below any skills, talents or gifts that you can provide to support this mission trip.
Use back of form if needed.

Payment Details

Please select your payment type

Adult - Total Amount Due **\$995.00**

Adult - Deposit Only **\$250.00**

Child 16 under - Total Amount Due **\$750.00**

Child - Deposit Only - **\$250.00**

Total Enclosed:

Please return this form with your deposit of \$250 or payment in full. If you are only submitting your deposit at this time, the **balance is due by 5/1/2012.**

Please mail payment to:
Wild Alaska Missions
623 Strawcutter Road
Derry, PA 15627

Please make check payable to: **AWP Inc/Missions**

Payments can also be made via Paypal
Visit the website for details

For more information visit
www.wildalaskamissions.com