



Mission Trip - Group Application Form

Return form to: Tijuana Christian Mission ♦ P.O. Box 437930 ♦ San Ysidro, CA 92143-7930
Office: 619-240-8650 ♦ www.tijuanachristianmission.org ♦ Email: TCM@tijuanachristianmission.org

Part 1: Group Information

Name of Church or Organization _____

Address _____

City _____ State/Province _____ ZIP Code _____

Email _____ Phone _____

Have groups from this church/organization been on trips to TCM before? Yes / No

If so, please give the most recent trip date. _____

Part 2: Group Leader Information

First Leader's Name _____

Address _____

City _____ State/Province _____ ZIP Code _____

Email _____ Phone _____

Second Leader's Name (if applicable) _____

Address _____

City _____ State/Province _____ ZIP Code _____

Email _____ Phone _____

Have either of these leaders been on trips to TCM before? Yes / No

If so, please give the most recent trip date. _____

Part 3: Mission Trip Information

Preferred Trip Dates _____ Approx. Number of Participants (if known) _____

Lodging Preference (Tijuana, Rosarito, Unknown) _____

Flight/Travel Information _____

(If you do not have travel reservations at this time, please notify us as soon as these have been made.)

Part 4: Trip Goals and Projects

If you need more space for your answers, please attach additional sheets.

Please list any specific skills that your team will have. _____

Are there any special events/projects/experiences you would like to organize or take part in while you are here? _____
