

Harvest International Ministry

Application for Israel
November 1 – 10, 2010

Please provide all information requested and mail or fax to:

HIM, 1539 E Howard Ave, Pasadena, CA 91104
Phone: 626-720-8154 (HIM OFFICE) fax number 503-727-2431

Your Information:

Name on Passport _____ Position _____ Birth Date _____
Address _____ City _____
State _____ Zip Code _____ Country _____
Phone _____ Cell _____ Email _____
Spouse's Name _____ Children/ages _____
Preferred Airport Departure City _____ Alternate Airport _____
Emergency Contact/Beneficiary _____ Phone _____

Your Church:

Name _____ Affiliation, if any _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____ Email _____

Pastors Name _____ Phone number _____
Other Reference _____ Phone number _____

Please describe your expertise below:

Please describe what you hope to do on this mission trip:

PLEASE DOWNLOAD FORM AND FILL OUT ON YOUR COMPUTER AND EMAIL TO mark@harvestim.org (go to the next page). Next, print and sign this waiver and make a copy of your passport. Enclose with a \$350 deposit (non-refundable) made out to HIM and send to the address above. If you sign up via email do not forget to send in the deposit and make a copy of your passport. If you don't have a passport yet, send a copy of it when you get it.

Questions regarding the trip may be directed to mark@harvestim.org or the HIM office.

PLEASE SIGN and RETURN with the \$350 deposit and a copy of your passport no later than May 1, 2010. Remember if you wait the trip could fill up and the price could go up substantially.

I hereby confirm that I've prayed and sought counsel about going on this missions outreach. By signing this waiver, I promise to uphold godly values while on this trip and to submit to leadership and those responsible for my safety. I also acknowledge that I am in good physical and emotional health, and will not hold Harvest International Ministries, Harvest Rock Church, or their employees or agents liable for any harm, sickness or injury to me that may result from this trip. I will check with my doctor and make sure that all my vaccinations are up to date. I will obtain a valid passport and necessary visas when necessary. I also understand that the price may change due to airfare increases and departure city. I know that the application is not complete until this waiver is signed and a deposit is received.

Signed _____ *Date* _____