



Informational Questionnaire

Group Name: _____ Country: _____ Date of Trip: _____
Address: _____ City/State/Zip: _____
Phone: Cell #: _____ Home #: _____ Fax: _____
Contact Person: _____ Email: _____

1. TEAM BREAKDOWN - Please give a breakdown and the total number in your group

of Male Adults _____ # of Male Teens _____ # of Female Adults _____ # of Female Teens _____
of Couples _____ (Do not include the Couples in the Adult Male and Female count)

Total # in group: _____

ATTACH THE NAME LIST TO THIS FORM

2. FLIGHT INFORMATION

ATTACH A COPY OF YOUR FLIGHT ITINERARY TO THIS FORM

If your group has been separated into different flights, please attach ALL itineraries.

3. MINISTRY - Please give up to 4 choices for ministry opportunities. Ministry Opportunities are listed in the General Information booklet for your trip. **BE SPECIFIC AND BE PREPARED.** If there is something you would like to do that is not listed, please feel free to make a note and if possible, it will be scheduled into your trip. The missionary will schedule as much as possible during your trip.

First Choice _____ Second Choice _____

Third Choice _____ Fourth Choice _____

4. LEISURE OPPORTUNITIES - Please give up to 4 choices for leisure opportunities. Leisure Opportunities are listed in the General Information booklet.

First Choice _____ Second Choice _____

Third Choice _____ Fourth Choice _____