

CIVIL RIGHTS PILGRIMAGE  
Applicant Information:  
Name (First Name, Last Name):

Dates of Trip:  
(\$200 payment to reserve dates)

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone:  
\_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Email Address:

\_\_\_\_\_  
Congregation/City:

\_\_\_\_\_ Age:  
\_\_\_\_\_ Birth Date: \_\_\_\_\_

Pronouns/Gender: \_\_\_\_\_

Financial Considerations:

We are anticipating the cost of this trip to be \$2000.00/person. There will be an additional fee for private room. (please indicate this preference)

Please answer the following questions-

Why do you want to go on this trip?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any previous mission travel experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What talents/gifts/skills do you bring to this group

\_\_\_\_\_  
\_\_\_\_\_

Do you have medical or first aid training? Please identify.

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Upon your return, will you use this experience to make a difference in the world? How might you use your skills and gifts to share this experience with others?

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Because this trip will include extensive walking, what accessibility or medical needs (whether currently being treated or not) do you have? Do you have any other medical considerations or food restrictions ?

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A refundable \$200 deposit is required at time of application. It will be held in escrow while the list of participants is finalized. \$1000 is due two months before departure, balance is due one month before.

There will be 1-2 orientation group meetings held prior to departure and one after (probably on zoom)

Final payment is due by \_\_\_\_\_

Please bring your medical insurance information and emergency contact information

Emergency contact person back home:

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Phone

Number: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to  
traveler; \_\_\_\_\_

I have read all the above and agree to the terms of the traveling experience.

Name \_\_\_\_\_ date \_\_\_\_\_

