

Group Missions Agreement and Reservation Form

* Missions Trip Dates: ____/____/____

*Team Leader Full Name: _____

* Team Leader E Mail: _____

* Organization / Church Name _____

*Church Address: _____

*City _____ *State _____ *Zip _____

*Phone (_____)_____

*Team Size:_____

*Deposit: (\$50 deposit due with housing reservation)

*Cost: \$15 per person per night.

*Total due upon arrival. (Please make checks payable to EQMC).

*Cancellations must be received no later than 2 weeks prior to mission dates or the deposit will become a donation to the mission center.

*Team Leader Signature:_____

*Date: _____

Paid _____ Check # _____

Mission Center Director Signature:
