

CWC Short-term Mission Trip Application
Botswana/South Africa
June 29th - July 16th, 2026

Personal Information

Name: _____ **D.O.B** _____
(As submitted on Passport)

Address: _____

Phone: _____ **Email Address:** _____

Name(s) of individuals traveling with you: _____

Departure City: _____

Church Name: _____

Emergency Contact Information

Name: _____ **Phone:** _____

Relationship to You: _____ **Email:** _____

Past Medical History: Please list all information that applies:

Medical Conditions: _____

Allergies: _____

✱ Payment Plan options are on the back: (Please Choose One)

Payment Plan Options: (Check which option applies)

Child Pricing: \$2500.00 (Age 3-17)

☐ Pay Full Balance: \$2500.00 (Due immediately)

☐ Pay Quarterly: 4 payments of \$625

1st: by Aug. 31st: \$625

2nd by Nov. 30th: \$625

3rd by Feb. 28th: \$625

4th by May 31st: \$625

☐ Pay Monthly: 11 Payments of \$200 & 1 payment of \$300

1st: by June 30th: \$200

2nd: by July 31st: \$200

3rd: by Aug. 31st: \$200

4th: by Sept. 30th: \$200

5th: by Oct. 31st: \$200

6th: by Nov. 30th: \$200

7th: by Dec. 31st: \$200

8th: by Jan. 31st: \$200

9th: by Feb. 28th: \$200

10th: by Mar. 31st: \$200

11th: by Apr. 30th: \$200

12th: by May 31st: \$300

◆ All monies turned in for payment (check, online giving, Zelle, etc.)
for the trip must be labeled as Botswana Mission Trip

Parent/Guardian Signature: _____ Date: _____

◆ Please email completed application to: pastor@cwcsda.org