



Short Term Mission Application

Contact Information:

Contact Person: _____

Will the contact person be attending the trip? (circle one): yes no

Email Address: _____

Work Phone: _____

Cell Phone: _____

Team Information:

Are you a:

MDDC Community Network Member? _____

Church Group? ____ Youth Group? ____ Adult Group? ____

High School Group? ____ Individual? ____

Other: _____

Team Name: _____

Will this be a first visit for you or your group to MDDC? _____

If not, how many times have you or your group visited? _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____



Requested Dates

*To check availability, please call the STM office at 1-757-967-7599.
Also, make sure your travel accommodations allow you to check in
between 1:00-3:00pm on the Monday you arrive.*

Requested Arrival Date: **(Must be a Monday)**

Requested Departure Date: **(Must be a Friday or Saturday)**

Number of People: _____

(We want your most realistic estimate)

Additional comments: