

# Southgate Church Missions

## Short-Term Mission Trip to Guatemala

**May 30 - June 7, 2026**

**Please include a copy of your passport. We do not require a deposit at this time.**  
**In February we will need your first \$500 payment for airfare.**

Completed application must be returned to Morgan Blankenship at the Southgate Church Office by December 1<sup>st</sup>, 2025. If you do not have a passport yet, you will need to apply for one immediately.

Name \_\_\_\_\_

**EXACTLY** as it appears on your U.S. Passport - airline will not allow changes to tickets.

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ relationship \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

Church you attend: \_\_\_\_\_

Why do you want to serve on this mission trip?

What aspect of the trip are you most interested in?

Tell us about your relationship with God:

Have you ever been on a mission trip before? YES NO

What talents and abilities do you have that might contribute to your ministry with a team?

Pastoral Reference: \_\_\_\_\_

phone number \_\_\_\_\_ email \_\_\_\_\_

Personal Reference: \_\_\_\_\_

phone number \_\_\_\_\_ email \_\_\_\_\_

Do you speak Spanish? \_\_\_\_\_ Beginner    Intermediate    Advanced    Fluent

T-Shirt Size: \_\_\_\_ Small \_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ X Large \_\_\_\_ XX Large

Medical Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that my application will be reviewed by the Missions Committee of Southgate Church and if my application is approved, I will be invited to be a part of the team. Once airline tickets are purchased, I understand that my deposit and payments will be non-refundable up to the cost of the ticket. If I am not able to go on the mission trip, I agree to reimburse Southgate Church for the full amount of any airline ticket and non-refundable expenses that have been committed on my behalf. I understand that if I need medical attention while in Guatemala, this will be at my own expense - Southgate Church and Gateway Christian Ministries do not provide health or medical insurance associated with this mission trip.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please contact Kevin Pratt (314)494-3523, and Sheila Pratt (314)853-3500 or Morgan Blankenship at the Southgate Office (314)842-8679