



**U.S. MAPS**  
Mission America Placement Service



1445 N. Booneville Ave.  
Springfield, MO 65702  
1-877-346-6277

**U.S. MAPS TRIP REGISTRATION**

**CONTACT PERSON:**

\_\_\_\_\_  
Contact Person                      E-Mail                      Phone(incl.area code)

**TEAM LEADER**

\_\_\_\_\_  
Team Leader Name                      E-Mail                      Phone (incl. area code)

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

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Home Phone (incl. area code)                      Cell Phone (incl. area code)                      Work Phone (incl. area code)

**CHURCH/ORGANIZATION**

\_\_\_\_\_  
Church/Organization Name

\_\_\_\_\_  
Mailing Address                      Phone (incl. area code)

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Senior Pastor Name                      Senior Pastor E-Mail

**MISSIONS TRIP INFORMATION**

\_\_\_\_\_  
City                      State                      TEAM Size (Approx.)

\_\_\_\_\_  
Departure Date                      Return Date

*Please check the type of work that your team plans on doing.*

***Other languages spoken*** \_\_\_\_\_

- |                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Carpentry   | <input type="checkbox"/> Renovation | <input type="checkbox"/> Street Ministry       |
| <input type="checkbox"/> Cement Work | <input type="checkbox"/> Landscape  | <input type="checkbox"/> Vacation Bible School |
| <input type="checkbox"/> Drywall     | <input type="checkbox"/> Electrical | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> HVAC        | <input type="checkbox"/> Plumbing   |  |

## INSURANCE LIST REPORT

1. ORGANIZATION NAME <b>Assembly of God U.S. MAPS Church Team</b>	POLICY NUMBER <b>24N-018-001-0</b>
2. SPECIFIC GROUP Name _____	ACCT: # _____
Address _____ City _____ State _____ Zip _____	<b>IMPORTANT</b> <b>Premium will be calculated for everyone listed for the dates shown above (unless individual dates are indicated by the name.)</b> <b>Include travel dates</b>
3. DATES OF TRIP _____ 20__ to _____ 20__ Total No. of Days _____	
5. DESTINATION _____	
6. REPORT PREPARED BY NAME (please print) _____ Signature _____	

**Insurance is \$3.00 per person/per day**

NAME	NAME
1.	16.
2.	17.
3.	18.
4.	19.
5.	20.
6.	21.
7.	22.
8.	23.
9.	24.
10.	25.
11.	26.
12.	27.
13.	28.
14.	29.
15.	30.

Total No. of Insured \_\_\_\_\_ Amount \$ \_\_\_\_\_

***IMPORTANT! READ INSTRUCTIONS CAREFULLY***

**The church can use credit card to pay for insurance use # 3097961 (08)**

**Contact Contributor Services: Toll free 1-877-840-4800 or Fax 1-417-862-0409**

**\*\*This form along with the premium, must be returned to the MAPS office 2 weeks prior to your trip.**

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[www.usmaps.ag.com](http://www.usmaps.ag.com)

**Please keep a photocopy for your records.**