



# Project Partner Application

## Contact/Personal Information

Name \_\_\_\_\_

Email address: \_\_\_\_\_

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

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

Age \_\_\_\_\_ Best time to contact: \_\_\_\_\_

## Mission Information

Destination of mission: \_\_\_\_\_

Departure date: \_\_\_\_\_ Returning date: \_\_\_\_\_

Number of Kits/lbs able to take? \_\_\_\_\_

Way of transportation: \_\_\_\_\_

*(Please check on of the following)*

\_\_\_\_ Personal trip/vacation \_\_\_\_ Independent mission

\_\_\_\_ Group mission

\_\_\_\_ Group Mission with established organization

\_\_\_\_ Other(please explain): \_\_\_\_\_

*(Fill out all that applies)*

Number of group members: \_\_\_\_\_

With what organization will you be going with: \_\_\_\_\_

Have you ever gone on a mission before/ if so where: \_\_\_\_\_

Are you the leader of this group?: \_\_\_\_\_

Please state what your mission is and what you hope to accomplish:

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