

**Consideration of Short-term Mission Project/Trip**  
**Sponsored by North Way Christian Community**  
Seeking Approval from North Way Missions Department  
*(Approval must be obtained a minimum of 6 months prior to trip departure)*

Mission Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Trip Leader: \_\_\_\_\_ (Circle one) Return Trip / 1<sup>st</sup> Time Trip

Description of Mission Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship of Project to NW Priorities (Disenfranchised children, Elderly, City, NW Global Missionary partnership): \_\_\_\_\_  
\_\_\_\_\_

Nature of the Project (what you will be doing, primary area of activity, evangelism, medical, educational, construction): \_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Please attach a rough daily itinerary showing this trip meets the definition of qualified charitable travel. (Trips without an itinerary attached will not be approved.)**

*“You can have fun working, but you can’t **just** have fun!” Elaine Sommerville, CPA*

Going through a Mission Agency? YES / NO

If yes, name of Agency & Contact Info. \_\_\_\_\_

Estimated Expense of Project in total: \$ \_\_\_\_\_

Approximate cost per person to participate: \$ \_\_\_\_\_

Anticipated number of participants: \_\_\_\_\_ Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

Will there be fundraising involved? YES / NO *If yes, please complete and attach application for approval form.*

**I, \_\_\_\_\_, understand the commitment involved with leading a short-term mission trip and hereby agree to fully comply with all North Way policies and procedures and enforce them with all trip participants.**

**Signed** (*trip leader*): \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Trip Approved** (*Missions Representative Signature*): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trip Denied\*** (*Missions Representative Signature*): \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Reason: \_\_\_\_\_