



P.O. Box 377939  
500 E. 61st Street  
Chicago, IL 60637

Office: 773.493.0656  
Fax: 309.417.3655  
Web: [www.sunshinegospel.org](http://www.sunshinegospel.org)

**Contact Information:**

Name: \_\_\_\_\_

University: \_\_\_\_\_

Address (school\_\_ home\_\_): \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Why are you interested in this mission experience? :

**Trip Information:**

Please list the weeks you are available during spring and summer breaks.

Possible Dates: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Sunshine will be ultimately responsible for scheduling your activities. Our ability to schedule ministry sites depends on availability. We regret that we cannot guarantee any specific ministry site(s) during your visit. There is a participant minimum each week, so your first choice may not be available.





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**Payment & Contract Information:**

Sunshine provides housing, meals and all programming. Each individual is responsible for providing their own transportation to Chicago.

\*\*\* A deposit must accompany this registration form.  
The deposit is \$50. This is a non-refundable deposit. \*\*\*

**Deposit amount enclosed:** \_\_\_\_\_

The deposit guarantees the dates you have requested, if available.

The remainder of the fee is due upon arrival in Chicago.

Sunshine Gospel Ministries will make every effort to give you your first choice of dates for your mission trip. In the event that those dates are already full, we will contact you before we process your reservation form to be sure your second choice of dates will still work with your calendar. Once we have processed your reservation form, your deposit is not refundable.

In the unfortunate event that you would need to cancel your trip, your first payment is not refundable or transferable. The reason for this policy is three-fold: based upon the number of groups for which we have received reservations, we make commitments to ministry sites in the city, staff hiring commitments, and budget projections. Therefore, you can imagine how we are negatively impacted when cancellation occurs.

This form must be signed in agreement with the above terms.

**Please keep a copy of this form for your records.**

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

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Sunshine Office Use Only:</b>		Dep Amt \$ _____	Date Rec'd _____
Conf Ltr _____	Pre-Visit _____	Other Correspondence _____	

