

HOPE MISSIONS
INFORMATION FOR TICKETS/AS ON DRIVER'S LICENSE~ PHOTO ID OR
PASSPORT. . . REQUIRED IF DRIVING OR FLYING.

Trip Date:_____

Destination:_____

(PLEASE PRINT CLEARLY)

FULL PROPER NAME_____

ADDRESS_____

E-MAIL_____

TELEPHONE #_____ CELL #_____

DATE OF BIRTH_____

PASSPORT #_____

Emergency Contact Person Name & Number_____

Church YOU Attend_____

Church Address_____

**It is important to return this information with your \$100.00 deposit as soon as possible to Bud or
Larry (LT).**

Hope Missions
P.O. Box 230
Cogan Station, PA 17728.

You may return your information by e-mail to [MissionHopeLT@ aol.com](mailto:MissionHopeLT@aol.com).

If you have any questions, contact us at (570) 998-2989, or (570) 998-8076 or (570) 398-0767.