

Mission Immersion Experience
Archdiocese of New Orleans
Renewal-Request/Notification Form

***Please complete and return to:**

Trip Date: _____

Pontifical Mission Societies
7887 Walmsley Avenue
New Orleans, LA 70125 or fax to: 504-527-5798

Circle Appropriate Group

School/Parish/Organization: _____

Group Leader: _____

Address (City, State, Zip) _____

Daytime Phone: _____ **Evening Phone:** _____

Cell Phone: _____ **E-mail:** _____

Mission Location: _____ **Address:** _____

Contact Person at Mission site: _____ **Phone/E-mail:** _____

Purpose/Activities/Goals/Expectations: _____

Preparation/Orientation/Follow-up: _____

Projected Participants: Total#: _____ **Adults#:** _____ **Youth#:** _____