

Mission Immersion Experience
Archdiocese of New Orleans
School/Parish/Organization- Application Form

***Please complete and return to:**

Trip Date: _____

Pontifical Mission Societies

7887 Walmsley Avenue

New Orleans, LA 70125 or fax to: 504-527-5798

School/Parish/Organization: _____

(Address-city, State, Zip)

Principal/Pastor/President _____

Name

Group Leader: _____

Address (City, State, Zip) _____

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

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

Mission Location: _____

Contact Person at Mission site: _____

Name

Address

Phone

E-mail

Purpose/Activities/Goals/Expectations: _____

Preparation/Orientation/Follow-up: _____

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

Required Documentation: Passports _____ Yes _____ No (passports must not be
within six months of expiring)
Travel Insurance: _____ Yes _____ No

Travel Arrangements: _____
(*Transportation*)

Mission Housing (Room & Board): _____

Financial Arrangements/Funding: _____

Registration with the U.S. Government: _____ Yes _____ No
(The US Government suggests that you register each time you leave the country. Please register
before you leave at: <https://travelregistration.state.gov>)

For more information contact: Pontifical Mission Societies 504-527-5774