

**Mission Immersion Experience**  
***Archdiocese of New Orleans***  
**Participant Application Form**

**\*Sample**

**Send to: Sponsoring Group**

Date: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_  
*(as it appears on passport)*

Church Parish: \_\_\_\_\_

Address: \_\_\_\_\_

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

City, St.: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Passport #: \_\_\_\_\_

Expire Date: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Languages: (circle all that apply) English      Spanish      Other \_\_\_\_\_

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**Required Documentation**

<https://travelregistration.state.gov>

**Copies of your:**

**Mission Date (s):** \_\_\_\_\_

**! Passport**

**Mission Location:** \_\_\_\_\_

**! Liability Wavier**

**! Parent Consent Form**

**Group Leader:** \_\_\_\_\_

**! Medical Information & Consent Form**

**! Evaluation Form**

**Transportation:** \_\_\_\_\_

**REQUIRED-Travel Registration**

*(Please register with US Government before each trip.  
The site is listed below.)*