



ALASKA

2024 SUMMER MINISTRY TRIP

TRIP HOSTS
PASTORS STEPHEN & JOLYNN BROWN
NEW LIFE AG (KENAI, ALASKA)

JUNE 3-10, 2024
GO TO GCTLH.ORG AND CLICK 'EVENTS/SIGNUP'
TO SIGN UP OR GET MORE INFORMATION

INFORMATION & FORMS



GENERATIONS CHURCH

LOVING GOD, LOVING PEOPLE, SERVING THE WORLD

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Email: info@gctlh.org • Website: gctlh.org • facebook.com/generations.church



Member Application

When is the trip?

June 3rd - June 10th, 2024

Where are we going?

Kenai, Alaska

Who is our trip host?

Pastor Stephen & Jolynn Brown

What is the purpose of the trip?

Our ministry team will be with working with local Pastors Stephen and Jolynn Brown and New Life AG to provide a Mega Sports Camp for children and youth from the surrounding community of Kenai.

What is the cost to go?

\$1,800 - 2,200 *(estimated)*

What does my trip price cover?

Domestic airfare, ground transportation, 2 meals a day, lodging, medical insurance, offering for the trip host, and team supplies.

When is the application due?

The application along with a \$200 deposit is due February 18th, 2024;

What is the payment schedule?

\$600 is due March 31, 2024;

\$600 is due April 21, 2024

\$600 is due by May 12, 2024 (Balance is due at this time)

You can make payments by cash or check in the offering, at guest services with a bankcard, or on the website events page under your profile.

If I am interested in going, what is the next step?

Fill out the application and submit to the church office with a \$100 deposit. Once your deposit and application have been received you will receive an acceptance email with further instructions.

What if I need to back out of the trip?

Once the airline tickets have been purchased, only a credit with the airline for a future flight within their time frame will be available. We should be able to get everything else canceled and refunded.

Do I need a passport?

No. You do not need a passport for this trip.



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TEAM MEMBER SIGNATURE FORM

TEAM MEMBER CONTACT INFORMATION

For those who take multiple trips per year, this form only needs to be signed once per year.

Full Legal Name		Trip ID# <i>(office Use)</i>	
Mailing Address	City	State	Zip
Previous Address	City	State	Zip
Date of Birth	Phone (Included area code)	Email Address	

EMERGENCY CONTACT INFORMATION (Must be someone NOT going on the trip)

Name of Emergency Contact		Relationship to Traveler	
Home Phone (Included area code)	Cell Phone (Included area code)	Work Phone (Included area code)	

MEDICAL QUESTIONNAIRE

Are you presently being treated for an injury or sickness or taking any form of medication?

YES _____ NO _____ If yes, please explain: _____

Do you have any allergies (including medications)? YES _____ NO _____

If yes, please explain: _____



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TEAM MEMBER SIGNATURE FORM

Do you carry an epipen? YES _____ NO _____

Do you have a physical condition or illness that would prevent you from participating in any regular or any rigorous activity? YES _____ NO _____ If yes, please explain: _____

Do you require a special diet? YES _____ NO _____ If yes, please explain: _____

HEALTH INSURANCE INFORMATION

_____ Insurance Company _____ Policy Number _____

PASSPORT INFORMATION (A copy of your passport is due in the office at least one month before the trip)

_____ Not Applicable _____
Passport Number _____ Date of Issue _____

Expiration Date

SIGNATURE

Signature _____ Date _____