

MEXICO MISSION TRIP 2024



**DISCOVERY
HILLS CHURCH**
WITH AMOR MINISTRIES
MISSION PARTNER & FACILITATOR



JUNE 22-29

[DISCOVERYHILLS.ORG/MEXICO](https://discoveryhills.org/mexico)



TRIP INFORMATION

WHEN/WHERE ARE WE GOING?

LEAVE SATURDAY, JUNE 22, 6AM
RETURN SATURDAY, JUNE 29, 3PM
TO THE MEXICO-TIJUANA AREA

WHO CAN GO?

THE MISSION TRIP IS OPEN TO HIGH SCHOOL AND COLLEGE-
AGE STUDENTS AND WILL BE CHAPERONED BY ADULT
LEADERS.

WHAT WILL WE BE DOING?

OUR TEAM WILL BE BUILDING A HOME FOR A FAMILY
IN MEXICO AND PROVIDING A CHILDREN'S
OUTREACH PROGRAM TO SHARE THE GOSPEL.

WHY SHOULD I GO?

THIS IS AN OPPORTUNITY TO SERVE GOD'S PEOPLE IN A UNIQUE
WAY... TO PUT YOUR FAITH INTO PRACTICE AND TO SEE HOW
GOD WORKS THROUGH ORDINARY PEOPLE LIKE YOU AND ME.

HOW WILL WE GET THERE?

WE WILL CARAVAN IN VANS AND TRUCKS WITH TRAILERS. OUR
GOAL IS TO HAVE AT LEAST ONE EXTRA DRIVER FOR EVERY TWO
VEHICLES.

IMPORTANT DATES

**FEB
25**

ZOOM INFORMATIONAL MEETING

**APR
28**

**APPLICATIONS / \$100 NON-
REFUNDABLE DEPOSIT DUE**

**APR
28**

**TEAM MEETING &
FIESTA MEXICANA FUNDRAISER**

**JUN
16**

**TEAM COMMISSIONING
AT 10:30 AM SUNDAY SERVICE**

**JUN
21**

LOAD UP VEHICLES AT 3 PM

**JUN
22-29**

THE TRIP!





TRIP ITINERARY

**JUN
22**

**LEAVE CHURCH AT 6 AM, ARRIVE IN
SAN DIEGO BETWEEN 7-8 PM
SPEND THE NIGHT AT RIVERVIEW
CHURCH IN BONSTALL, CA**

**JUN
23**

**BORDER CROSSING AND DRIVE
TO BASE CAMP**

**JUN
24-27**

BUILDING HOUSE AT WORKSITE

**JUN
28**

**BREAK CAMP AND HAVE
AFTERNOON FREE!
SPEND THE NIGHT AT MICROTEL IN
WHEELER RIDGE, CA**

**JUN
29**

HEAD HOME

COST & REGISTRATION



COST

- FULL COST: \$450
- INCLUDES TRANSPORTATION, MEALS (ALL BUT FOUR), HOUSING, CAMPING FEES, AND COST OF MINISTRY (REGISTRATION AND BUILDING SUPPLIES).
- ****NOTE**** PLEASE DO NOT LET MONEY BE THE REASON YOU ARE NOT PARTICIPATING. SCHOLARSHIPS ARE AVAILABLE (SEE APPLICATION).

TO REGISTER:

01

COMPLETE REGISTRATION FORM

REGISTRATION FORMS CAN BE PICKED UP AT THE CHURCH OFFICE OR CAN BE FILLED OUT ONLINE AT: DISCOVERYHILLS.ORG/MEXICO

02

PAY NON-REFUNDABLE DEPOSIT

WE MUST SEND A DEPOSIT TO AMOR TO SECURE YOUR SPOT, SO WE NEED TO KNOW YOU'RE SERIOUS!
(PAYMENT PLANS AVAILABLE)

03

SUBMIT DOCS & PAYMENT

REGISTRATION FORMS MUST BE RECEIVED BY FEBRUARY 28.
FULL PAYMENT MUST BE COMPLETE BY MARCH 24

ALL DOCUMENTS AND PAYMENTS (AND PAYMENT PLANS)
CAN BE MADE AT:
DISCOVERYHILLS.ORG/MEXICO

COVENANT AGREEMENT

THIS TRIP TO MEXICO ACCOMPLISHES A LOT FOR THE PEOPLE OF MEXICO, FOR US AS A GROUP, AND FOR EACH OF US INDIVIDUALLY. IT IS A TIME OF HARD WORK, SERVING OTHERS, MAKING FRIENDS, AND GROWING CLOSER TO GOD.

THIS MISSION TRIP MINISTERS TO GOD'S PEOPLE BY WORKING WITH THE LOCAL CHURCHES TO PROVIDE HOMES FOR FAMILIES IN MEXICO. WE ARE GOING ON THIS TRIP TO SERVE AND NOT TO BE SERVED.

WE WANT TO DO THINGS THAT WILL ENHANCE OUR TRIP AND AVOID DOING ANYTHING THAT WILL ENDANGER, COMPROMISE, OR JEOPARDIZE OUR TRIP. WE WANT TO BE CLEAR ABOUT OUR MOTIVES, PURPOSE, AND INTENTIONS BEFORE WE GO. THIS COVENANT AGREEMENT IS FOR YOU TO READ, AGREE TO, SIGN, AND THEN FOLLOW FROM THE TIME WE BEGIN TRAINING UNTIL THE TIME WE RETURN.

PLEASE READ THE LIST OF EXPECTATIONS BELOW, THEN SIGN YOUR NAME PROMISING TO HOLD EACH OTHER ACCOUNTABLE TO THESE THINGS FOR THE DURATION OF THE TRIP.

- BE POSITIVE AND FLEXIBLE.
- BE OPEN TO MAKING NEW FRIENDS AND TO KNOWING MORE ABOUT GOD.
- ENCOURAGE ONE ANOTHER ON THE WORKSITE AND CAMPSITE.
- ABIDE BY THE DRESS CODE ON THE WORKSITE AND CAMPSITE.
- FOLLOW DIRECTIONS FROM ADULT LEADERS.
- RESPECT THE CURFEW HOURS IN THE MORNING AND THE EVENING.
- GUYS STAY OUT OF THE GIRL'S TENTS AND VICE VERSA.
- BE DRUG AND ALCOHOL FREE.

ANYONE HAVING ANY DRUGS OR ALCOHOL IN THEIR POSSESSION, OR WHO REFUSES TO FOLLOW THE DIRECTIONS OF ADULT LEADERS, WILL WIN A TRIP BACK HOME AT THEIR PARENT'S EXPENSE. PARENTS WILL BE CONTACTED IMMEDIATELY.
I HAVE READ AND AGREE TO ABIDE BY THE ABOVE COVENANT.

PARTICIPANT'S NAME

PARTICIPANT'S SIGNATURE

DATE

FOR PARENTS OF PARTICIPANTS 17 YEARS AND YOUNGER:

PARENTS / GUARDIANS' NAMES

PARENTS / GUARDIANS' SIGNATURE

DATE



APPLICATION / TESTIMONY

NAME _____ CELL _____

PARENT/GUARDIAN NAME[S] _____

CELL _____ EMAIL _____

T-SHIRT SIZE SM MD LG XL 2XL 3XL 4XL

HAVE YOU PARTICIPATED IN A MISSION TRIP BEFORE? IF SO, WHEN? _____

-
- I AM INTERESTED IN FUNDRAISING TO HELP PAY MY TRIP COST
 - I NEED TO APPLY FOR A SCHOLARSHIP
 - I AM ABLE TO PAY IN FULL

FIRST-TIME APPLICANTS, PLEASE ANSWER THE QUESTIONS BELOW IN A BRIEF BUT COMPLETE MANNER.

RETURNING APPLICANTS NEED ONLY FILL OUT THE PORTION ABOVE.

1) SHARE YOUR PERSONAL TESTIMONY ABOUT YOUR RELATIONSHIP WITH JESUS CHRIST. INCLUDE WHEN AND HOW YOU BECAME A CHRISTIAN, AND WHAT ACCEPTING JESUS CHRIST AS LORD AND SAVIOR MEANS TO YOU.

2) HOW DOES HAVING JESUS IN YOUR LIFE AFFECT YOUR DAILY DECISIONS?

3) WHY DO YOU WANT TO GO ON THIS TRIP?

4) WHAT CAN YOU CONTRIBUTE TO THIS TRIP?

5) HOW WOULD GOD DESIRE TO USE THIS EXPERIENCE IN YOUR LIFE?

MEDICAL RELEASE / PERMISSION

PARTICIPANT'S NAME _____ D.O.B. _____ M/F _____

ADDRESS _____

CITY, STATE _____ ZIP _____

GUARDIAN'S NAME _____

EMAIL _____ PHONE _____

IN CASE OF EMERGENCY, CONTACT _____

PHONE _____ RELATION TO PARTICIPANT _____

EMERGENCY CONTACT #2 _____

PHONE _____ RELATION TO PARTICIPANT _____

SPECIAL CONCERNS (PHYSICAL LIMITATIONS, ALLERGIES, MEDICATIONS, MEDICAL CONDITIONS, ETC.) _____

I GIVE PERMISSION FOR _____ TO PARTICIPATE IN THE DISCOVERY HILLS CHURCH MEXICO MISSIONS TRIP IN PARTNERSHIP WITH AMOR MINISTRIES. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I GIVE THE ADULT SPONSOR OF DISCOVERY HILLS PERMISSION TO CONSENT TO ANY X-RAY, EXAMINATION, ANESTHETIC, OR MEDICAL OR SURGICAL SERVICES NEEDED ON THE ADVICE OF A PHYSICIAN OR SURGEON LICENSED TO PRACTICE WHEN THE NEED FOR SUCH TREATMENT IS IMMEDIATE.

HEALTH INSURANCE COMPANY _____ POLICY # _____

PRIMARY PHYSICIAN'S NAME _____

PRE-APPROVED OTC MEDICATIONS (FOR ADULT SPONSOR ADMINISTRATION):

- | | |
|---|---|
| <input type="checkbox"/> PEPTO-BISMOL/OTC GENERIC | <input type="checkbox"/> ADVIL/MOTRIN (IBUPROFEN) |
| <input type="checkbox"/> BENADRYL (DIPHENHYDRAMINE) | <input type="checkbox"/> TYLENOL (ACETAMINOPHEN) |
| <input type="checkbox"/> EYE DROPS (TETRAHYDROZOLINE) | |

PARENTS / GUARDIANS' NAMES

PARENTS / GUARDIANS' SIGNATURE DATE