



**Missions and Community Outreach  
Mission Trip Proposal**

Trip Destination: \_\_\_\_\_

Trip Leader: \_\_\_\_\_

Co-Leader(s): \_\_\_\_\_

Tentative Dates: \_\_\_\_\_

Primary Project Description: (Write here or attach a document.)

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Secondary Project Description:

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Pastoral Staff Utilized:

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CRBC Ministry Teams Utilized: Youth Ministry       Worship

Other Ministries  \_\_\_\_\_

Goals for the trip:

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Ministry Leaders on the field: \_\_\_\_\_

Contact Information on the field: Land Phone \_\_\_\_\_

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

SKYPE: \_\_\_\_\_

Email: \_\_\_\_\_

Sponsoring Organization (Agencies):  
\_\_\_\_\_

Web Address of Sending Agency \_\_\_\_\_

Minimum number of participants: \_\_\_\_\_ Maximum number of participants: \_\_\_\_\_

Will there be any physical limitations? Yes  No   
If yes, explain: \_\_\_\_\_

Is this trip open to children? Yes  No  Age restrictions: \_\_\_\_\_

Do advance teams (pre-trip) visits need to be made to this ministry site? Yes  No   
If yes, proposed dates: \_\_\_\_\_

Cost of the Advance Team Trip? \_\_\_\_\_

**Please attach: Mission Trip Budget Operations Worksheet**

Your Name: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Your Email: \_\_\_\_\_

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

Date Received by MOCC office: \_\_\_\_\_