



A ministry of
**Second Congregational
Church of Boxford**
United Church of Christ



**Because People Living on the Edge
Are as Close as Our Backyard**

MISSION GROUP APPLICATION

Contact Information

Name of Group: _____

Name of Church, School or Organization: _____

Denomination: _____

Minister, Principal or Director's name: _____

Address: _____

Telephone: _____ Email: _____

Website: _____

Contact person(s): _____

Address: _____

Telephone: _____ Email: _____

Our trips run Sunday through Saturday. The cost of the program is \$200 per person for the week. A \$50 per person non-refundable deposit is required in order to secure dates.

Trip Dates

First Choice: _____ Second Choice: _____

Third Choice: _____

Estimated total number of people in the group: _____

(We require a two-adult minimum with a minimum 6-1 youth to adult ratio.)

Number of youth: (youth must be age 14 by the start of the trip) _____

Proof of insurance: Backyard Mission requires that every work group member must have their own liability and health insurance. We also request that each work group send a certificate of group liability insurance coverage before arrival.

Please return this application, non-refundable deposit (made out to Second Congregational Church of Boxford, UCC with memo: Backyard) and proof of insurance (proof of insurance may be sent with final payment) to Betsey Guest-Natale, Backyard Mission, PO Box 508, West Boxford, MA 01885.