Missionary Travel Association						st Shore Blvd. Suite 650	REQUIRED ⇒	Missions INTERNATIONAL	
Email to: MTAservices@missionarytravelassociation.com					Tampa FL 33607 Tel: (352) 678-5885		"X" ONE	Missions Home/Domestic	
	rch/Organization/Individ		Church/Organization/Individual Name Contact Person			ID Number	Destination City(s):		
_	ation/Individual Contact								
Church/Organization/Individual Street Address:			Address		C+-+-	7: 0 - 4 -	Destination Country(s):		
Church/Organization/Individual: Church/Organization/Individual:			Phone City  EMAIL to receive all documents		State ZipCode Country		Traval Start Data		
Team Name:			Team Name		Country		Travel Start Date: Travel End Date:		
Team Leader [Going on the Mission trip]:							cellation and Interruption Cover	age	
Team Leader Information:				Phone		please "X" the box under "Add C&I"		ŭ	
							C&I cost i	s \$4.00 per trip day	
ID#	First	МІ	Last	Email - not require	d	Birthdate	Passport #	Beneficiary - not required	Add C&I
									Cai
_									
	Excel Registration Form Instructions  [The COI Registrar is Encouraged to use the Online Registration]  The Excel Registration Form is useful when the COI has a very large team  That has a limited number of members with a Member ID#								
								-	
	v	Vhen com	pleted email the Excel as a	n attachment in the original for	mat to MTA	services@missic	narytravelassociation.com		
	[do not send as a Cloud document or change that format]								
	1. Ente	er all date	s as [example]: 8/4/2011						
	2. COI ID#: a new COI well not have one leave blank one will be assigned for future use.								
3. COI Information: Name, Contact Person, Address, Phone, City, State, Zip Code, Email, Country									
a. Changes to the COI's information must be requested by the COI to MTA  4. Team Information: Tean Name, Team Leader, Email, Phone  5. Trip Information: Mark 'X' International or Home/Domestic Trip, Destination City, Destination Country, Departure Date, Return Date  a. If you mission trip will be in more that one city or country									
								Date	
		i	i. Please list cities [examp	le]: Buffalo, Toronto, etc.					
			i. Please list countries [ex						
6. List All members who are wanting MTA Coverage on the mission trip  a. Member ID#: a new member will not have one leave blank one will be assigned for future use.  b. Required: First & Last Name, Date of Birth									
			-	n and Interruption Coverage:					
		i	i. Please 'X' the cell under	"Add C&I"					
d. Passport #: requested for INTERNATIONAL mission trips [needed if member needs help]  e. Not required:									
i. Member's email ii. Beneficiary: if a name is not provided the database will automatically insert 'Estate'									
			. Deficilitiary. If a fiaithe is	not provided the database will	automatica	my misert Estate			