

**St. Paul Lutheran Church, Sheboygan Falls  
Initial Mission Trip Request Form**

*Submit 6-12 months prior to trip – to Associate Pastor of Care Ministry*

Mission Trip Title: \_\_\_\_\_

Mission Trip Leader: \_\_\_\_\_ Email: \_\_\_\_\_

Staff Contact Person: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Trip Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Location of Trip: \_\_\_\_\_

Brief description of the trip: \_\_\_\_\_

\_\_\_\_\_

Describe how this trip meets our mission of Connecting People to Christ: \_\_\_\_\_

\_\_\_\_\_

Estimated number of people participating: \_\_\_\_\_ Adults \_\_\_\_\_ Youth

**FINANCIAL INFORMATION**

Estimated Financial Cost Per Attendee: \_\_\_\_\_

Estimated Financial Cost to the Church (attach budget if possible): \_\_\_\_\_

What account/s will be used for funding: \_\_\_\_\_

If applicable, list any fundraising that will be done to support this activity (note, each activity will need a separate activity sponsorship form): \_\_\_\_\_

\_\_\_\_\_

What staff will be attending? \_\_\_\_\_ How much PTO will be used? \_\_\_\_\_

Will church funding be used for staff expenses? And if so how much & what account? \_\_\_\_\_

**APPROVAL**

\_\_\_\_\_  
Associate Pastor of Care Ministry      Date

\_\_\_\_\_  
Church Council      Date