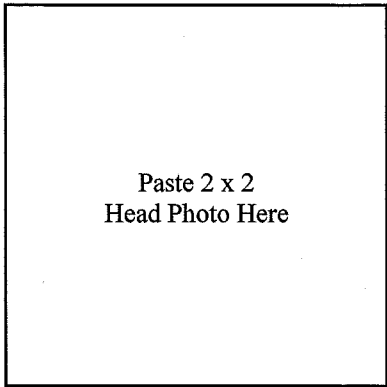


FOR OFFICE USE ONLY:
 Dp Recvd _____
 Accept Sent _____

SCORE INTERNATIONAL

Application Form

TM



For Visa/Mastercard Payment:
 Visa _____ Mastercard _____
 Cardholder _____
 Account # _____
 Expiration Date _____
 Amount _____

PLEASE RETURN TO:
 SCORE INTERNATIONAL
 PO BOX 9994 Chattanooga, TN 37412
 Phone: 423-894-7111 Fax: 423-894-7303

PLEASE PRINT:

1. Full Name: First _____ Middle _____ Last _____
 (FIRST NAME As Appears on Birth Certificate, NO NICKNAMES. Names must match with Passport)
2. Address: _____ City _____ St _____ Zip _____
 Phone: Home _____ Work _____ E-mail: _____
3. Birthdate: Month _____ Day _____ Year _____ Birthplace _____ Citizenship _____
4. Single _____ Married _____
5. U.S. Passport Number _____
6. Names of Parents (or guardians) _____ Address: _____
 Parent Home Phone: _____ Parent Cell Phone: _____
 Parent Email: _____
7. Schools Attended: _____ Years Attended: _____ Graduated: _____
 High: _____
 College / Univ.: _____
8. Church Name: _____ Church Phone: _____
 Address: _____ City _____ St _____ Zip _____
9. Pastor's Name: _____ Home Phone: _____
10. Briefly describe how and when you were saved: _____

Your Signature below will indicate the following:

- a. I have read the Policy and Procedures Manual.
- b. I have an insurance plan sufficient for any medical or liability costs. SCORE will not be held responsible for situations of this nature.
- c. I understand the non-refundable \$100 deposit is due with this form..

Signature of Applicant _____ Date _____

Dates of SCORE Trip _____ Group Name or Sport _____

Please do the following:

1. Give the reference form to your pastor. He will return it directly to SCORE.
2. The Parental Consent and Medical Release Affidavit should be completed and returned no later than 30 days before your trip.
3. Enclose the \$100 deposit with this form.