South Carolina Baptist Convention
Mission Mobilization Group
MTS Travel Enrollment Form

Enrollment form is due to MTS at least 97 days prior to departure date.

**** Upon receipt of enrollment form and review by your Team Leader, MTS will respond with more details, payment schedule, visa application, itinerary, etc.***

South Asia Partnership Project Date and Location: (Specify city/country name and dates)

Name: Enter name as it appears on your passport.
Last First Middle

Title: Mr., Mrs., Ms., Rev., Dr.

Address: Street/ PO Box City State Zip

Home Phone:
( )

Day-time Phone:
( )

Cell Phone:

Date of Birth:

E-mail Address:

Passport Information:
Passport Number: _____
Country of Issue: _____
Date of Issue: _____
Date of Expiration: _____
Place of Issue: _____
(Authority)

Departure City: (check one)
[ ] Columbia, SC [ ] Charlotte, NC
[ ] Charleston, SC [ ] Greenville/Spartanburg, SC
[ ] Atlanta, GA [ ] Other: _____

Frequent Flyer Information:
Airline:

Frequent Flyer #:

Airline Special Meal Requirements: (Check one only if necessary)
☐ Diabetic ☐ Kosher ☐ Vegetarian ☐ Low Fat ☐ Low Salt

☐ **Ticket delivery is different then mailing address. Write address on back. Fed Ex will not delivery to PO Box**

Emergency Contact of someone not traveling with you:
Name: Phone Number(s):

Insurance Information:
Beneficiary _____ Relationship _____

Remarks / Special Requests:

1955–2005 MTS TRAVEL mtstravel.com

MTS TOURS
124 East Main Street, 4th Floor
Ephrata, PA 17522
800-874-9330