

Mission Trip To Nicaragua-**Preliminary Document**

Subject to Change!

As of 21 April 2023 (v1)

GENERAL INFORMATION

Trip Leader:

- **Jeff Warner** 240-354-5333 Jeff@MCFcc.org

Trip Dates: July 6-12, 2023 (Thursday-Wednesday)

Save The Date! Team Meeting

Sunday, June 25th, 4-6pm Location: TBD

MCF Member:

A member is someone who has completed the entire MCF membership class, signed the MCF covenant and has been accepted as a member by MCF.

Cost:

\$1600 MCF Member Early Bird Price by Feb 15
\$1800 for MCF Members after Feb 15
\$1000 for 3 or more MCF members traveling from the same family
(Parent(s) must be MCF tithing members for this pricing).

Non-MCF Members

\$1800 non-MCF members Early Bird Price by Feb 15
\$2000 for non-MCF members after Feb 15

MCF must approve your application and reserves the right to decline participation.

(Price is "all inclusive" except travel food and \$54 in country costs:
\$10 Tourist Visa; \$2 Entry Tax, \$2 Exit Tax, \$10 Sunday Service Giving, \$10
Thursday Service Giving, \$20 Orphan Gift Sale).

Requirements

- Current passport and a servant's heart
- Pray about going and fund raising
- Send letters to friends, family and colleagues requesting their financial partnership on the trip
- Get the complete trip packet and begin to schedule immunizations needed
- Read this entire info packet
- Health:
 - Able to work in temperatures approaching 100 degrees
 - No allergies or medical conditions that may require serious attention
 - Remember, you are in a third world country with little to no appropriate medical services. Those that exist are very sub-standard to US conditions.

Travel Advisory

Please be aware there is a Level 3 (Reconsider Travel advisory) for Nicaragua. MCF is closely monitoring the situation and we believe our travel is appropriate for a mission experience.

Insurance

MCF will purchase travel insurance for every participant. If approved, you agree to cooperate with MCF to process and claims. If you fail to meet insurance deadlines or requirements, you agree to pay MCF for those losses.

Nicaragua

Team members will spend time at the Verbo Ministries Orphanage in Puerto Cabezas, Nicaragua. The Team will serve the orphans engaging in various activities, including crafts, games, sports, field trips to the beach/river to swim, as well as Bible studies. We will also support the Verbo Church with various outreach ministries and construction projects at the orphanage.

Possible Projects

Building homes in Betania (Pack am; travel & distribute afternoon)
Building the dorm addition (am or afternoon)
Feeding the poorest of the poor (Pack the food am; travel & distribute afternoon)
Kids Feeding Center Lunch (noon M-F)
Monday Feeding Center Prayer Meeting (6-8p)
Visiting the Puerto Cabezas Prison (am)
Share Gospel at both schools (am & afternoon)
Tour through Puerto Cabezas
Pizza or Icecream with the Kids (evening)
Taipai River or Beach-play (Usually Sunday after Lunch)
Thursday Night Church Service
Saturday Men's Leadership Breakfast (5:30am)
Sunday Church (9am)

Internet Access

This Mission Trip Is A Tech-Free Event!

You will not have internet access while in Nicaragua. The purpose is to help you disconnect and immerse yourself in the third world experience.

Exceptions may be made on a case by case basis at the sole discretion of the team leader.

MobilePassport

All participants must have a smartphone and agree to download and use the Mobile Passport App.

Antibiotics

Participants must bring an antibiotic such as Cipro (ciprofloxacin), Zpack (azithromycin) or doctor recommended prescription equivalent for the possibility of intestinal illness. If not, and you need a doctor, participants agree to a \$20 fee plus the cost of the doctor visit and the cost of the medicine. Nicaraguan medicines may not meet USA FDA guidelines.

Contact Info

Phone- 011-505-853-0507

This is Pastor Earl's phone.

He will always be accessible to us.

The MCF Team Leader will have a phone with an international plan.

This phone is only for emergency purposes.

Please inform family or friends that this number is to be used for emergencies only.

Jeff's number is 240-354-5333.

Remind your family that no news is good news!

Address

Earl Bowie

Barrio Lomo Verde

Frente a la Portenisima

Puerto Cabezas, R.A.A.N., Nicaragua

U.S. Embassy Managua

Km 5 ½ Carretera Sur, Managua - Nicaragua

Telephone: (505) 2252-7100

Emergency after-hours telephone: (505) 8882-3140

Facsimile: (505) 2252-7250

FINANCES

Payment Schedule

	FAMILY RATE (3 OR MORE)	MCF EARLY-BIRD	NON-MCF EARLY-BIRD (MCF LATE)	NON-MCF LATE
DEPOSIT BY DEC 31:	\$200	\$200	\$200	\$200
DUE BY FEB 15:	\$200	\$350	\$400	\$450
DUE BY MAR 15:	\$200	\$350	\$400	\$450
DUE BY APR 15	\$200	\$350	\$400	\$450
DUE BY MAY 15	\$200	\$350	\$400	\$450
TOTAL PAID: (BY MAY 15)	\$1000	\$1600	\$1800	\$2000

There are **two** different sites:
one for the **application** and one for **payments/donations**.

Apply at:

<https://mcfcc.ccbchurch.com/goto/forms/531/responses/new>

Payments/Donations:

<https://mcfcc.ccbchurch.com/goto/forms/532/responses/new>

- The application and a \$200 deposit is required by December 31, 2022 (Deposit is nonrefundable & non-transferable). Early Bird Date is Feb 15, 2023.
- Final payments are due by May 15.
- Payments will be due Feb 15, Mar 15, Apr 15 & May 15 with all payments, including late fees, be paid by May 30.
- If you register after the Deposit due date, all funds due by the most recent deadline must be paid on the day of application in order to avoid a late fee.
- All funds being raised must be **received** by May 15.
- Any funds received after May 30 will be applied to projects, not individuals.
- A \$50 late fee will be assessed for each missed due date (maximum \$200 in late fees).
- All checks must be made payable to MCF and forwarded promptly. All fundraising must go through MCF Community Church. Checks are made payable to MCF, not the trip participant. As a non-profit organization, trip participants are not permitted to raise funds with checks made payable to yourself or use third party fundraising sites like GoFundMe. If you were to do this, any funds would be taxable to you as income and donors would not receive a tax-deductible donation.
- Applicants failing to submit the full cost by the May 15th deadline may forfeit their position on the team. The applicant would still be responsible for the cost of the airline ticket PLUS any funds committed to Nicaragua or already paid toward the trip. Realistically, this is the full cost or nearly the cost of the trip since we're less than one month away from departure.

Payments may be made:

1) Online

MCF preferred payment option

<https://mcfcc.ccbchurch.com/goto/forms/532/responses/new>

2) By check

Checks are to be made payable to "MCF" and mailed to:

8 Lakeview Cr. Greenbelt, MD 20770

*Checks must be postmarked by the due date to avoid late fees.

Late checks are subject to a \$50 late fee.

*Returned checks subject to a \$50 returned check fee plus the \$50 late fee if applicable.

Again - There are **two** different sites:

One for the **application** and one for **payments & donations**.

Apply at:

<https://mcfcc.ccbchurch.com/goto/forms/531/responses/new>

Payments & Donations:

<https://mcfcc.ccbchurch.com/goto/forms/532/responses/new>

Applicant Cancellation

Once you've been accepted, if you the applicant withdraws from the trip, you will be responsible for all costs incurred or obligations that MCF has made on your behalf. Realistically, this is the nearly the full cost of the trip. If your cancellation brings MCF below the minimum required to travel, you will be responsible for the full cost of the trip even if you do not attend.

Any funds raised through donors will be applied to the trip and not returned to donors.

MCF Trip Cancellation

In the unlikely event that MCF cancels the trip, the funds will be returned less the funds already disbursed. If tickets have already been purchased and there is a residual value remaining, it will be returned to the participant per airline guidelines, if possible. Tickets or vouchers are typically good for one year from date of travel. For circumstances beyond MCF's control (such as Acts of God, government restrictions, extreme weather, civil unrest, etc), funds would be returned on a pro-rated basis, if possible but are not guaranteed.

Funds raised from donors are donations to MCF mission trips and will not be refunded. They may be applied to future mission trips.

TEAM PARTICIPATION

Team Leader's Authority

As a member of the team, you agree to obey the team leaders and accept his/her decisions. Team leaders are the final authority in all matters related to this trip from beginning to end.

While every effort will be made to receive input, the team leader reserves the right to determine time, place and manner of input.

Practically, this means that you may not be able to voice a concern when you want to express it due to the urgency and duress under which some decisions may need to be made.

Participation

All team members must participate in all activities unless expressed permission has been granted by the team leader.

Team members must not leave the orphanage compound without expressed permission from the Team Leader.

When permission is given, you may only travel between the orphanage compound and the Verbo church. **You may never travel to town.**

Read the Book

In addition to the Bible, recommended but not required, read the book: *Radical* by Platt before trip departure.

Baggage

The amount of luggage the group brings is limited.

You are limited to 1 carry-on (limit 20 lbs) bag.

The free checked bag is for MCF items being brought to Nicaragua (tools, donations, Bibles, etc). A second checked bag is yours if needed; however this second bag may cost around \$45 and is a personal expense.

Checked baggage must weigh 50 lbs. (23 kg) or less and its combined length, width and height must measure 62 inches (158 linear cm) or less.

MCF will pay for the second bag only if team or ministry supplies are being transported.

You are responsible for the extra baggage cost if you are bringing personal items.

FLIGHT INFO AND SAMPLE/TENTATIVE ITINERARY

American Airlines

TBD

Sample Itinerary

The kids will be in school during our trip. This means that we will have 1-2 afternoon hours/day with the kids. We typically have Sunday afternoon with the kids.

Thu	5:00a	Arrive at DCA
	8:00a	Flight Departs
	2:00P	Arrive Managua & Travel to Hotel for overnight stay

Fri	7:00a	Breakfast
	8:00a	Back to LaCostena Airport
	10:00a	Flight Departs for Puerto Cabezas
	1:30p	Arrive at Puerto Cabezas
	1:30p	Lunch
	3p	Unpack & Settle
	4p	Hang with kids
	5:30p	Dinner
	6:30-8p	Church
	8-9p	Porch Time & Hangout

Sat	5:30	Men's Bible Study
	7a	Devotion
	7:30a	Breakfast
	10a	Work Project
	1p	Lunch
	4p	Hang w/kids
	6:30p	Dinner
	7:30-9p	Porch Time & Hangout

Sun	8a	Breakfast
	9a	Church
	12p	Lunch
	1p	Hang w/kids
	6:30p	Dinner
	7:30-9p	Porch Time & Hangout

Mon	7a	Devotion
	7:30a	Breakfast
	10a	Work Project
	1p	Lunch
	4p	Hang w/kids
	6:30p	Dinner

	7:30-9p	Porch Time & Hangout
Tue	7a	Devotion
	7:30a	Breakfast
	10a	Work Project
	1p	Lunch
	4p	Hang w/kids
	6:30p	Dinner
	7:30-9p	Porch Time & Hangout
Wed	5a	Get Up and Pack
	6a	Breakfast & Leave for Puerto Airport
	7	Fly to Managua
	9:30	Check in, Shop & Photo Sharing
	2:00p	Fly to Miami, FL
	7-8p	Customs & Eat
	9p-12a	Fly to DCA
	12a-1:30a	Get Luggage, Closeout and head back home

MEDICAL

- **Ask your doctor for a week's worth of antibiotic (like Cipro)** in the event of intestinal challenges. You will not have immediate access to quality medical care.
- Check with your Doctor, and obtain the necessary shots for the country you will be visiting.
Visit web site: <http://wwwn.cdc.gov/travel/destinationNicaragua.aspx> for health warnings and travel warnings.
- **Get Immunizations**
The following is from the CDC website
You'll need routine immunizations as well as Typhoid Fever, Tetanus, Anti-Malaria and medication for intestinal distress.
You don't need rabies shots.

Vaccine-Preventable Diseases

Vaccination or Disease	Recommendations or Requirements for Vaccine-Preventable Diseases
Routine	Recommended if you are not up-to-date with routine shots such as, measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, poliovirus vaccine, etc.
Hepatitis A or immune globulin (IG)	Recommended for all unvaccinated people traveling to or working in countries with an intermediate or high level of hepatitis A virus infection (see map) where exposure might occur through food or water. Cases of travel-related hepatitis A can also occur in travelers to developing countries with "standard" tourist itineraries, accommodations, and food consumption behaviors.
Hepatitis B	Recommended for all unvaccinated persons traveling to or working in countries with intermediate to high levels of endemic HBV transmission (see map) and who might be exposed to blood or body fluids, have sexual contact with the local population, or be exposed through medical treatment, such as for an accident, and for all adults requesting protection from HBV infection.
Typhoid	Recommended for all unvaccinated people traveling to or working in Mexico and Central America, especially if visiting smaller cities, villages, or rural areas and staying with friends or relatives where exposure might occur through food or water.
Rabies	Recommended for travelers spending a lot of time outdoors, especially in rural areas, involved in activities such as bicycling, camping, hiking, or work. Also, children are considered at higher risk because they tend to play with animals and may not report bites.

Malaria & Zika

Drugs to Prevent Malaria (Antimalarial drugs)

If you will be visiting a malaria risk area in Nicaragua, chloroquine is the recommended antimalarial drug.

Zika & Malaria risk area in Nicaragua: Risk in rural areas and in outskirts of Managua.

A Special Note about Antimalarial Drugs

You should purchase your antimalarial drugs before travel. Drugs purchased overseas may not be manufactured according to United States standards and may not be effective. They also may be dangerous, contain counterfeit medications or contaminants, or be combinations of drugs that are not safe to use. Halofantrine (marketed as Halfan) is widely used overseas to treat malaria. CDC recommends that you do NOT use halofantrine because of serious heart-related side effects, including deaths. You should avoid using antimalarial drugs that are not recommended unless you have been diagnosed with life-threatening malaria and no other options are immediately available.

Since we won't be around animals, **you won't need a rabies vaccination.**

ACTION STEPS

- Complete Short-Term Mission's Trip Application & Release form online at <https://mcfcc.ccbchurch.com/goto/forms/531/responses/new> and make your \$200 deposit

Future payments and donations may be made check and mailed to the church office at 8 Lakeview Cir., Greenbelt, MD 20770 or online at <https://mcfcc.ccbchurch.com/goto/forms/532/responses/new>

- Email a copy of your passport to Jeff at Jeff@MCFcc.org
Be sure you sign your passport (the page above your photo)
Simply take a picture of passport open to the photo & signature pages
(MCF needs both pages in one photo)
- As with any international travel, keep a copy of your passport for yourself;
Please keep your passport copy separate from your passport
- Make 2 copies of the front and back of your credit/debit cards and driver's license. Bring one copy with you and the other copy with a trusted family member or friend in case your cards are lost or stolen.
- Register Travel with U.S. Department of State at:
<https://travelregistration.state.gov/ibrs/ui/>

PACKING LIST

Please do not over pack – The orphanage will do your laundry at no additional cost.
Bring clothes you can afford to lose or can get stained!

You may get very dirty, please consider this as you evaluate what clothing to bring.
Men –Work clothes as well as leisure wear (long pants-Jeans are ok) for church and social related events.

Ladies-Work clothes as well as comfortable, modest skirts or dresses (knee length) for church and social related events.

Note: All clothing should be modest and not appear to be military in any fashion.
Please, no tank tops (for gals), spaghetti straps, short-shorts, thongs, tight fitting clothing or similar items. Swimsuits must be ONE piece or covered in shorts and dark colored tops for women. All piercings should be removed, except for ears for women.

The Team Leader reserves the right to limit participation if attire is not appropriate as witnesses for Jesus (and Verbo ministry) to the Nicaraguan culture.

The team leader is the final authority.

Sunday Service Clothes (casual, but nice-they prefer **knee-length** skirts for the gals)

Clothes for working & casual clothes

2-3 pairs of shorts (no short-shorts)

1 pair long pants

Undergarments

2-4 pairs of socks

4 short sleeve shirts (no tube tops, spaghetti straps, etc.)

Work Shoes

Shoes or water shoes for beach/river

Fleece or Jacket

Rain poncho or rain jacket & pants
(umbrellas are worthless during the normal large down pours)
Swimsuit (no bikini's or speedo type attire)
Sun Block
Hand Sanitizer
Mosquito repellent
Hat
Toiletries, medications, etc.
Water bottle
Copy of the front and back of your credit cards & driver's license in case they are lost or stolen.
Bedding, pillow & towels are provided by the orphanage.

\$10 Nicaragua Visa Fee
\$2 Nicaragua Entrance Fee
\$2 Nicaragua Exit Fee
\$10 Sunday Gift (suggested donation)
\$10 Thursday Night Service gift (suggested donation)
\$20 Buy Orphans handmade crafts (suggested donation)

You must be able to fit your items in a carry-on bag (duffel or suitcase).

- Carry your Passport on your person and not in your carry-on luggage.
- Keep a copy of your passport on you.
- Upon arrival in Puerto Cabezas, your passport will be taken and kept in a safe at the orphanage until the team departure.
- Bible, note paper & pen.
(Keep a diary of the trip and share with your supporters when you return)
- Bring your camera, memory cards & fresh batteries.
- Carry the medicines and vitamins you normally use with you on the plane. Make sure they are in a properly labeled bottle and not mixed.
- Carry a small first aid kit that includes Band-Aids, aspirin or Tylenol, medicine, Imodium-AD, Betadine, and sunscreen.
- If you check luggage, make sure you have a change of clothes and personal items to last a few days in your carry-on, just in case your luggage is delayed or lost.
- It is recommended to place a garbage bag in your suitcase to pack your clothes in. Suitcases may be exposed to the weather in Nicaragua and your clothes may become wet. There are no electric dryers.

OTHER ITEMS OF INTEREST

Most of the meals are included in the cost of the trip; you may want to bring along some extra money (small bills) for incidental meals and some spending money for gifts or snacks. Please do not go overboard, as the weight of our luggage is a factor.

Carry no more than \$100 in cash. Most of the countries have ATM access in case you need money for emergencies. If you use an in-country ATM, you will receive that country's currency, not American dollars! Businesses generally will NOT give you change in American dollars!

Be sure to bring some money to buy items the children will make and local vendors will sell. Again, be sure to bring small denomination bills.

If they make change, it will be in Cordobas (the national currency) which will be mostly unusable for you outside of Nicaragua.

**Once on site, you may only walk between the orphanage and the church.
Any other travel must be approved by the Team Leader.
Never go into or toward town!**

CULTURAL DOs AND DON'Ts

It is ok to ask about where their parents are or why they are in the orphanage. Some of them will talk about it, but you have to be prepared for what they are going to say. Also, they will want to know when you are coming back to visit. We just need to let our team know that we can't make promises about things we don't have control over. I always say I will be back in God's time, but that I pray that it will be soon.

- Other things we will talk about when we get there are the "rules" like:
- Don't flush the toilet paper...put it in the waist basket
(if flushed, it will clog the septic system).
- Be on-time for meals.
 - Take a smaller portion the first time through so everyone gets something to eat
 - Eat all you take...the locals are amazed at how much we eat and even more amazed at how much we throw away...remember, locals have little food!
- Always let a leader know where you will be.
- Always use the buddy system, don't leave the grounds alone.
- Never be alone with a child in private or secluded area.
- Never be at the children's room without permission from a supervisor.
- We are not permitted to give any items to the children without permission from Pastor Earl. If permission is given, usually there needs to be enough for everyone.
 - If permission is granted to give to an individual, make it a personal event away from the group.
- Don't drink the water or ice once arriving in Nicaragua.
- Only eat food prepared by our hosts or at the café owned by the orphanage.
- Don't let the children drink from your water bottle. They are not offended by it. They know that Americans have weak stomachs.
- They love to have their photo taken and will want to look at the pictures and take pictures with our cameras. Sometimes they run off to show pictures to friends or take pictures for you, but they usually bring it back.

There are ATMs at the Managua airport, but it gives you cordobas. Everyone will take American money in Nicaragua (as long as it is clean and unmarked), but they will give you change in cordobas. The exchange rate is around 33:1. There will be an opportunity to buy local crafts in town, at the airport or at the orphanage. The children make crafts they can sell us.

FUNDRAISING

- MCF recommends a LEP fundraising strategy: Letter, Email & Phone. Send the letter via US mail with a MCF postage paid envelope. Send the same letter via email making sure the link to the donation page is active. Follow-up in about a week by phone to share your vision, answer questions and ask them to partner with you.
- Send out support letters as soon as you have committed to going on the trip. Please make sure you send each donor a thank-you note. Follow-up with your donors is very important after the trip. Send some pictures of your trip; this helps make your donors feel part of the mission. Don't procrastinate, do this within two weeks of your return.
- The support letter (copy provided in this packet). Begin today to make a list of family, friends & church members (don't forget about those who live in other states). Don't feel bad for sending out these letters asking for money, no one is under any pressure to give. You are only giving them an opportunity to be a part of God's work through their giving since they can't go personally. Your request helps people engage in missions. Mail the letter to those on your list then watch God supply the financial need for this short-term mission trip.
- In addition, if you raise the necessary funds through donations, MCF will reimburse your immunization & trip related prescription costs out of the excess funds you raise. You will need to provide appropriate receipts describing the immunizations & medication. MCF reserves the right to deny reimbursement due to unclear, unsubstantiated receipts or insufficient funds. A reimbursement form is below.
- All checks must be made payable to MCF and forwarded promptly. All fundraising must go through MCF Community Church. Checks are made payable to MCF, not the trip participant. As a non-profit organization, trip participants are not permitted to raise funds with checks made payable to yourself. If you were to do this, any funds may be taxable to you as income and donors would not receive a tax-deductible donation. All donations are to be submitted to MCF and non-refundable and non-transferable.
- Due to MCF's non-profit (501c3) status, using fundraising sites such as GoFundMe **Are Not Permitted**.

Sample Fundraising Letter

Date:

Dear Family and Friends:

Have you ever felt a strong pull on your heart that you were supposed to do something? That's what I'm experiencing right now and I wanted to share my heart's desire with all of the people who are important in my life.

I have an opportunity in the near future to go on a short term mission's trip sponsored by MCF Community Church (Maryland Christian Fellowship Community Church). This particular trip is to Nicaragua. Our purpose is to minister to orphans. We will participate in activities with the orphans that are designed to build relationships and share Christ's love.

The trip is scheduled for July 6-12, 2023 and the cost is \$_____ which covers all expenses, including travel, lodging, food and ministry funds. The payment deadline for this trip is April 30th.

First and foremost, I ask that you pray for us as we go. Pray for our health, our safety and pray that we can be effective for the Lord.

Secondly, I would ask that you pray about becoming a part of this effort through your financial support. Not everyone can go firsthand, so I'd like to extend the opportunity for you to share in this effort with us. God honors each one's part in His overall plans. Whether you can give \$5, \$50, \$500 or \$1600, all gifts make a huge difference no matter how large or small. The lost matter to God; therefore they matter to us. Please prayerfully consider how you might join with me in this effort. Thank you for caring and praying.

I'll contact you in the near future to answer any questions you may have.

You may make payments online at:

<https://mcfcc.ccbchurch.com/goto/forms/532/responses/new>

Please be sure to select my name.

In addition, a self-addressed stamped envelope is included for your convenience. Please make your checks payable to "MCF" and mail them to me at:
Insert your home address. (you then forward the checks to MCF-be sure to write your name in the memo section). (You could use the MCF Business Reply envelopes to help in support raising).

NICARAGUA VIPs, SPANISH VOCABULARY, AND SAMPLE FORMS

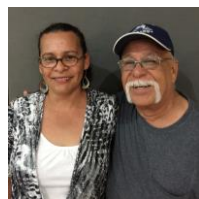
Nicaragua VIPs



(Wadsworth-His son, Lydia-His daughter, Damaris-His wife, Pastor Earl & Ariel-His son)



Jr.-Pastor



Reigna & Julio-Elder
Feeding Center



Rapha-Elder



Miner-Elder



John-Betania Pastor



Alba & James
School Administrators



Eliza, Shaya, Christine, Kelly & ?
Cooks



Calito-Construction



Marie Elena-Nurse



Dr. Byron-Clinic



Francisco-Wood Working



Roy Green-Bus Driver



Rhasta



Biardo-Security



Samuel-Security



Eduardo



Juan-Pablo-Sound



Steven-Construction



Jose-Luis



Ignacio



Bismark



Oscar



Eli & Sarah (Daughter)

Spanish: Key Words & Phrases

Translators will be available

What is your name?

¿Como te llama? / ¿Qué es tu nombre?

My name is...

Me llamo...

How old are you? (How many years do you have?)

¿Cuántos años tiene?

When is your birthday?

¿Cuándo son tus cumpleaños?

Hello Good-bye How are you? What's up?

Hola Adiós ¿Como estas? ¿Que tal?

See you later. See you soon.

Hasta luego. Hasta pronto.

Good morning. Good afternoon. Good night.

Buenos días. Buenas tardes. Buenas noches.

Thank you Please

Gracias Por favor

What is your favorite color? blue, red, yellow, green, orange

¿ Qué es su favorito del color? azul, rojo, amarillo, verde, naranja

What is your favorite sport?

¿Qué es su favorito del deporte?

Do you have brothers and sisters?
Tienes tú a hermanos y hermanas?

1	2	3	4	5	6	7	8	9	10
uno	dos	tres	cuatro	cinco	seis	siete	ocho	nueve	diez

Jan	Feb	Mar	Apl	May	Jun
enero	febrero	marzo	abril	mayo	junio

Jul	Aug	Sep	Oct	Nov	Dec
julio	agosto	septiembre	octubre	noviembre	diciembre

Sun	Mon	Tues	Wed	Thu	Fri	Sat
domingo	lunes	martes	miércoles	jueves	viernes	sábado

“Picture That Changed My Life” in Spanish (coming soon)

SAMPLE: (Complete The Actual Form ONLINE)

MCF (Maryland Christian Fellowship)

MISSION RELEASE FORM

KNOW ALL PEOPLE BY THESE PRESENT:

WHEREAS, I (your name) _____ am about to travel by public and private conveyance to **Puerto Cabezas, Nicaragua** on a missionary outreach project: and WHEREAS, I am doing so entirely upon my own risk, initiative, and responsibility; NOW, THEREFORE, in consideration of the permission extended to me by MCF to take said trip, I do hereby, for myself, my heirs, executors and administrators, remise, release, and forever discharge MCF and Reliant Mission, from any and all claims, demands, actions, on account of my death, injury, sickness and injury to property and the consequences thereof, from any means of travel or otherwise. It is understood and agreed that the obtaining of this release shall not be construed as an admission of any liability or responsibility on the part of MCF, Reliant Mission or any other party hereby released, for any death, sickness and bodily and property injury to my person on said trip or otherwise.

Emergency Contact Name and Phone number:

Signature of Releaser

Signature of Parent or Legal Guardian
(if under 18 years of age)

Witness

Date

SAMPLE: (Complete The Actual Form ONLINE)

Application

NICARAGUA TRIP July 6-12, 2023

Thank you for your interest in a short-term mission's trip. Please print clearly and complete all information. This information is needed and will be kept by MCF.

The cost of the trip is: \$_____. This cost will cover airfare, housing, meals (except travel food) and supplies needed for the project. Other monies will be needed for extra snacks or souvenirs.

MCF will equip you to raise the funds needed; however, you are responsible to cover the total cost of the trip. Full payment is due by April 30, 2023.

If all money is not submitted by deadline, you may not be permitted to go on the trip. Please date and sign after completing and reading the above information.

Please complete this health survey:

Do you have any physical limitations? If yes, please explain:

NAME: _____
Full legal name as it appears on passport.

ADDRESS: Street: _____

City: _____ State: _____ Zip code _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ SEX _____ AGE _____

Mobile PHONE #: _____ WORK PHONE #: _____

PASSPORT #: _____ SS #: _____

If you do not have a passport – APPLY NOW and furnish us with your number as soon as you receive it.

2 COPIES OF YOUR PASSPORT MUST BE ATTACHED TO THIS FORM

Briefly describe your relationship with God (How did you become a Christian?)

(previous attendees do not need to complete this section)

Why would you like to attend this mission trip to Nicaragua?

(previous attendees do not need to complete this section)

Are you prone to motion sickness?

Have you ever experienced heat Exhaustion?

Have you ever experienced health problems as a result of altitude changes?

Please check any of the following medical history:

- | | |
|---|--|
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Indigestion |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Ear | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Eye | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Vomiting |

Please discuss any of the above or other conditions not listed:

Please list all medications currently used (prescribed and over the counter):

Allergies to medications or environment:

Blood type if known:

Primary Physician and Phone Number:

Do you agree to participate in all team activities and abide by the team leader decisions? Y N

Emergency Care Authorization: In the case of an emergency, I understand that every effort will be made to contact my parent/guardian, spouse, or emergency contact. In the event that they cannot be reached or if the urgency of circumstances makes it necessary, I hereby give permissions to provide medical treatment necessary to stabilize my condition. This may include but is not limited to aero-medical evacuation, hospitalization, injection, anesthesia, or surgery.

Date _____

Signature _____

If under 18, signature of parent or guardian required.

Parent/Guardian signature _____

Date_____

MCF-Community Church Expense Reimbursement Form

Before purchasing items be sure that you have not exceeded your approved budget.

You may not be reimbursed for amounts over budget without prior approval!

Name _____

(please print)

Date _____

Expenses should be reported within 1 week of the date they are incurred.

~~~~~

**Description of expense** (List item, date purchased & activity involved)

**Amount**

1) \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

**Total** \$ \_\_\_\_\_

These expenses are legitimate MCF-related expenses to be reimbursed. They have been paid for by the person listed above.

Signature \_\_\_\_\_

## **Approval Section:**

FD, AFD approval: \_\_\_\_\_

Date approved: \_\_\_\_\_

Check number: \_\_\_\_\_

Check date: \_\_\_\_\_

Amount of check: \_\_\_\_\_

Account No. charged: \_\_\_\_\_

Account name: \_\_\_\_\_

Sample Immigration Form for Entry into Nicaragua  
Need one for each person

**SISTEMA DE LA INTEGRACIÓN CENTROAMERICANA (SICA)**  
**COMISIÓN CENTROAMERICANA DE DIRECTORES DE MIGRACIÓN (OCAM)**

**REGISTRO MIGRATORIO**  
**TARJETA DE INGRESO/EGRESO**

**Copa Airlines**

LLENAR DE ACUERDO CON EL DOCUMENTO DE VIAJE USANDO LETRA DE MOLDE. FILL OUT IN BLOCK LETTERS ACCORDING TO TRAVEL DOCUMENT

1. APELLIDOS *Surnames* WARRNER 2. NOMBRES *First Names* JEFFREY

3. DOCUMENTO DE VIAJES No. *Travel Document Number* 1123456789

CA 4 ☐ PASAPORTE *Passport* ☒ TIPO DE PASAPORTE *Type of Passport* ORD. ☐ OFIC. ☐ DIPL. ☐ OTRO

4. NACIONALIDAD *Nationality* USA 5. PROFESION U OFICIO *Occupation* PASTOR

6. FECHA DE NACIMIENTO *Date of Birth* 24/04/1961 7. SEXO *Sex* ☐ F ☒ M

8. PAIS DE NACIMIENTO *Country of Birth* USA 9. PAIS DE RESIDENCIA *Country of Residence* USA

10. MOTIVO DE VIAJE *Travel Purpose* ☒ TURISMO *Tourism* ☐ TRANSITO *Transit* ☐ OFICIAL *Official* ☐ NEGOCIOS *Business* ☐ RESIDENCIA *Residence* ☐ OTRO *Other*

11. DIRECCION PREVISTA *Foreseen Address* PUERTO CABEZAS


12. NUMERO DE VUELO *Flight Number* 106

**ENTRADA / Entry** **SALIDA / Exit**


13. PAIS DE PROCEDENCIA *Departure Country* USA 14. PAIS DE DESTINO *Destination Country* NICARAGUA

| USO OFICIAL / Official Use Only |                                                                                                                 |                 |                                                                                                                 |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------|
| ENTRADA                         |                                                                                                                 | SALIDA          |                                                                                                                 |
| TIPO DE VIAJERO                 | <input type="checkbox"/> N <input type="checkbox"/> NRE <input type="checkbox"/> ER <input type="checkbox"/> NR | TIPO DE VIAJERO | <input type="checkbox"/> N <input type="checkbox"/> NRE <input type="checkbox"/> ER <input type="checkbox"/> NR |
| TIPO DE VISA                    | NUMERO DE VISA                                                                                                  | FECHA           | DELEGACION: PUESTO                                                                                              |
|                                 |                                                                                                                 | DIA / MES / AÑO |                                                                                                                 |
| FECHA                           | DELEGACION: PUESTO                                                                                              |                 |                                                                                                                 |
| DIA / MES / AÑO                 |                                                                                                                 |                 |                                                                                                                 |
| CODIGO DEL INSPECTOR:           | CODIGO DEL INSPECTOR:                                                                                           |                 |                                                                                                                 |
| <small>(1558)</small>           |                                                                                                                 |                 |                                                                                                                 |

Sample Health Form for Entry Into Nicaragua  
Need one per Person



Gobierno de Reconciliación  
y Unidad Nacional  
*El Pueblo, Presidente!*



2011:  
UNIDAD  
POR EL BIEN COMÚN

**REPUBLIC OF NICARAGUA  
MINISTRY OF HEALTH  
ENTERING DATA FOR PASSENGERS TO NICARAGUA**

Date: \_\_\_\_\_ Airline and flight number: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

City where he boarded the plane: \_\_\_\_\_

What countries have visited before coming to Nicaragua?

1. \_\_\_\_\_

2. \_\_\_\_\_

Have any of the following symptoms (check with an "X" yes or no):

| SYMPTOMS             | YES | NO |
|----------------------|-----|----|
| Cold                 |     |    |
| Rash                 |     |    |
| Decay                |     |    |
| Cough                |     |    |
| Fatigue              |     |    |
| Diarrhea             |     |    |
| High fever           |     |    |
| Sore throat          |     |    |
| Muscle pain          |     |    |
| Loss of appetite     |     |    |
| Nasal congestion     |     |    |
| Difficulty breathing |     |    |

Impresiones EINM, RUC 010487-9500

Address where you will be stay in Nicaragua: \_\_\_\_\_


Nicaragua N° Phone: \_\_\_\_\_ N° of days that remain in Nicaragua: \_\_\_\_\_

If you present some inconvenience related to the cholera, influenza or measles, it can call to the numbers: **22515826, 22515866, 22331798 of epidemiological vigilance**, department of health SILAIS Managua, 24 hours.

**WELCOME TO NICARAGUA, WE WISH YOU A HAPPY STAY**



Sample Customs Form for Entry Into Nicaragua  
Need one per Family



**BIENVENIDO A NICARAGUA**  
WELCOME TO NICARAGUA

**DECLARACION DE ADUANAS**  
CUSTOMS DECLARATION

TODO PASAJERO O JEFE DE FAMILIA QUE INGRESE AL PAIS DEBE LLENAR UNA DECLARACION  
EACH ARRIVING PASSENGER OR HEAD OF FAMILY MUST FILL OUT THIS DECLARATION

NOMBRE COMPLETO  
NAME: **WARNER** **DAWN**  
APELLIDOS (LAST NAME) NOMBRE (FIRST NAME)

NACIONALIDAD  
CITIZENSHIP: **USA**

DOCUMENTO DE VIAJE  
TRAVELING DOCUMENT: ☒ PASAPORTE / PASSPORT ☐ CEDULA / ID ☐ OTROS / OTHER DOC. No. **123 456 789**

PAIS DE RESIDENCIA  
COUNTRY OF RESIDENCE: **USA** FECHA NACIMIENTO  
DATE OF BIRTH: **27 4 66**  
D/D M/M A/Y

TRANSPORTE  
TRANSPORT: **106** FECHA ARRIBO  
DATE OF ARRIVAL: **7 8 10**  
D/D M/M A/Y

No. LINEA AEREA / EMBARCACION / No. LICENCIA VEHICULO  
AIRLINE FLIGHT No. / VESSEL NAME / VEHICLE LICENSE No.

DIRECCION EN NICARAGUA  
**PUERTO CABEZAS**

NUMERO DE FAMILIARES QUE VIAJAN CON USTED  
NUMBER OF RELATIVES TRAVELLING WITH YOU: **5**

CANTIDAD DE EQUIPAJE QUE VIAJA CON USTED  
NUMBER OF HAND BAGGAGE AND CHECKED BAGGAGE: **3**

TRAEN( N) ANIMALES VIVOS, PLANTAS O PRODUCTOS ALIMENTICIOS  
ARE YOU CARRYING LIVE ANIMALS, PLANTS OR FRESH FOOD: ☐ SI / YES ☒ NO

TRAEN( N) CONSIGO MAS DE US\$10,000 (O EN OTRAS MONEDAS) EN EFECTIVO O EN OTROS INSTRUMENTOS  
ARE YOU CARRYING MORE THAN US\$10,000 IN CASH OR IN OTHER KIND OF MONETARY INSTRUMENTS: ☐ SI / YES ☒ NO

INGRESAR DINERO AL PAIS, SIN IMPORTAR SU CANTIDAD ES LEGAL, SIN EMBARGO.  
NO DECLARARLO CONSTITUYE DELITO.  
THE TRANSPORTATION OF MONEY INTO THE COUNTRY, REGARDLESS OF AMOUNT IS LEGAL, HOWEVER, FAILURE TO REPORT THE TOTAL AMOUNT IS A CRIME.


¿TRAEN( N) MERCANCIAS SUJETAS AL PAGO DE IMPUESTOS?  
ARE YOU CARRYING GOODS SUBJECT TO TAXATION? ☐ SI / YES ☒ NO

| DESCRIPCION DE LAS MERCANCIAS<br>DESCRIPTION OF MERCHANDISE | VALOR EN US\$<br>VALUE IN US\$ | USO OFICIAL<br>OFICIAL USE |
|-------------------------------------------------------------|--------------------------------|----------------------------|
|                                                             |                                |                            |
|                                                             |                                |                            |
|                                                             |                                |                            |
|                                                             |                                |                            |
|                                                             |                                |                            |
|                                                             |                                |                            |
|                                                             |                                |                            |
|                                                             |                                |                            |
|                                                             |                                |                            |
|                                                             |                                |                            |

VALOR TOTAL  
TOTAL VALUE:

DECLARACIONES FALSAS O INCOMPLETAS PODRIAN OCASIONAR MULTAS, DECOMISO DE LAS MERCANCIAS Y ACUSACION ANTE TRIBUNAL POR DELITO DE CONTRABANDO Y DEFRAUDACION.  
ANY FALSE INFORMATION ON THIS FORM WILL RESULT IN A FINE, DECOMISE OF GOODS AND POSSIBLY AN ACCUSAL OF SMUGGLING AND CUSTOMS FRAUD IN COURT.

DECLARO QUE HE LEIDO Y COMPRENDIDO LAS INSTRUCCIONES IMPRESAS AL DORSO Y QUE  
LOS DATOS DE ESTA DECLARACION SON CIERTOS.  
I DECLARE THAT I HAVE READ AND UNDERSTOOD THE INSTRUCTIONS ON THE BACK OF THIS DECLARATION, AND THAT THE INFORMATION PROVIDED IS TRUE.

 **DGA**  
Dirección General de Servicios Aduaneros


**formatec, s.a. • Tel.: 220-6722**

**38747621**  
TARJETAS DE NICARAGUA

**1 Aug 10**  
FIRMA Y FECHA  
SIGNATURE AND DATE



Sample US Customs form for Re-Entry into the USA  
Need one per Family

 U.S. Customs and Border Protection

**Customs Declaration** FORM APPROVED  
19 CFR 122.27, 148.12, 148.13, 148.110, 148.111, 1498; 31 CFR 5316 OMB NO. 1651-0009

Each arriving traveler or responsible family member must provide the following information (only ONE written declaration per family is required):

1. Family Name WARNER  
First (Given) JEFFREY Middle \_\_\_\_\_
2. Birth date Day 24 Month 04 Year 61
3. Number of Family members traveling with you 5
4. (a) U.S. Street Address (hotel name/destination)  
8 Lakeview Ln.  
(b) City GARRETSBORO (c) State MD
5. Passport issued by (country) USA
6. Passport number 123 456 789
7. Country of Residence USA
8. Countries visited on this trip prior to U.S. arrival NICARAGUA
9. Airline/Flight No. or Vessel Name 488 COPA AIRLINES
10. The primary purpose of this trip is business: Yes ☐ No ☒
11. I am (We are) bringing:  
(a) fruits, vegetables, plants, seeds, food, insects: Yes ☐ No ☒  
(b) meats, animals, animal/wildlife products: Yes ☐ No ☒  
(c) disease agents, cell cultures, snails: Yes ☐ No ☒  
(d) soil or have been on a farm/ranch/pasture: Yes ☐ No ☒
12. I have (We have) been in close proximity of (such as touching or handling) livestock: Yes ☐ No ☒
13. I am (We are) carrying currency or monetary instruments over \$10,000 U.S. or foreign equivalent: Yes ☐ No ☒  
(see definition of monetary instruments on reverse)
14. I have (We have) commercial merchandise: Yes ☐ No ☒  
(articles for sale, samples used for soliciting orders, or goods that are not considered personal effects)
15. Residents — the total value of all goods, including commercial merchandise I/we have purchased or acquired abroad, (including gifts for someone else, but not items mailed to the U.S.) and am/are bringing to the U.S. is: \$ 50.00  
Visitors — the total value of all articles that will remain in the U.S., including commercial merchandise is: \$ \_\_\_\_\_

Read the instructions on the back of this form. Space is provided to list all the items you must declare.

**I HAVE READ THE IMPORTANT INFORMATION ON THE REVERSE SIDE OF THIS FORM AND HAVE MADE A TRUTHFUL DECLARATION.**

X Jeffrey Warner 14 AUG 10  
(Signature) Date (day/month/year)

For Official Use Only

CBP Form 6059B (10/07)