



## Missionary Baptist General Convention of Texas Belize 2026 July VBS Registration Form

### Traveler

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
(as listed on passport)

Gender: Male \_\_\_ Female \_\_\_ Title: (circle) Rev. | Dr. | Ms. | Mrs. | Mr. | Other \_\_\_\_\_  
Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Work Phone \_\_\_\_\_

Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home phone \_\_\_\_\_ E-mail \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Pastor: \_\_\_\_\_

Church Ministry \_\_\_\_\_

### Lodging Information: (Preferred Roommate)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Room Type Requested: (circle one) STANDARD | DELUXE | GARDENVIEW | REGAL | RIVERVIEW SUITE  
JUNGLE SUITE | LEIGH CAYO HOUSE | VILLA #2

Room Size: (circle one) SINGLE DOUBLE TRIPLE QUAD

### Emergency Contact Information

#### Emergency Contact #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

| <u>Medical Problem</u> | <u>Required treatment</u> | <u>Should paramedic be called?</u> |
|------------------------|---------------------------|------------------------------------|
| _____                  | _____                     | Yes/No                             |
| _____                  | _____                     | Yes/No                             |

Land Cost: \$250.00 (Make check payable to MBGCT) Date of Land Cost Payment: \_\_\_\_\_  
Registration form must accompany Land Cost Payment.

Payment Type: (circle one) CASHIER CHECK | MONEY ORDER | CHECK Check Number: \_\_\_\_\_

Please send registration and payment forms to:

SHONETTE C. HILL | 3155 OLD HICKORY TRAIL, FORT WORTH, TEXAS 76140 | 817 489-0581  
Questions or Concerns? Call (817) 489-0581 or Email shonette.hill46@gmail.com