Missionary Baptist General Convention of Texas
Belize 2026 December Feed the People 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).

Medical Problem	Required treatment	Should paramedic by called?
_____	_____	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