

Name _____

Act # P _____

(last, first) _____

Trip _____

DOMESTIC TRAVEL PLANS

Due by May 14, 2025

TRANSPORTATION TO TRAINING CAMP

PLEASE include a copy of your flight itinerary with this form.

FLYING

If flying, you need to arrive by:

SENIOR STAFF - Saturday, June 7 arrive by 2 pm at O'Hare terminal 2.

NEHEMIAH - Wednesday, June 11 arrive by 2 pm at O'Hare terminal 2.

SUMMER STAFF - Saturday, June 14 arrive by 2 pm at O'Hare terminal 2.

STUDENTS - Friday, June 20 between 5:00 pm - 11:00 pm **or** Saturday, June 21 no later than 11:30 am.

Flight to Chicago (please note: flying into Chicago Midway Airport is not an option)

Date of Departure _____

Departing from _____ at _____ a.m. / p.m.
(city & airport code, ex. LAX, ORD, MSP) (time) (circle one)

Name of Airline _____ Flight Number _____

Date of Arrival _____

Arriving at _____ at _____ a.m. / p.m.
(airport) (time) (circle one)

Connecting Flight to Chicago (if applicable)

Date of Departure _____

Departing from _____ at _____ a.m. / p.m.
(city & airport code, ex. LAX, ORD, MSP) (time) (circle one)

Name of Airline _____ Flight Number _____

Date of Arrival _____

Arriving at _____ at _____ a.m. / p.m.
(airport) (time) (circle one)

DRIVING

I will be driving to (circle one): Training Camp Chicago O'Hare Chicago Church (students only) on ____/____/_____. If you drive to the church on Friday, June 20 (students only), you will need to arrive between 5:00 pm -11:00 pm. If you drive to the church on Saturday, June 21 (students only), you will need to be at the church no later than 12:30 pm. If you drive directly to Training Camp, you need to arrive between 4:00 - 5:00 pm on the arrival date for your role (see the Updated Mission Trip Schedule for details). *Training Camp is for drop off only. You cannot park and leave your vehicle at Training Camp for any portion of the trip.*

The church location is announced on the Updated Mission Trip Schedule form. Driving to the church is not an option for Senior Staff, Summer Staff, or Nehemiah.

Parents, please note the following: After you have dropped your child off at the airport for their flight, we may need to contact you if their flight is re-routed or cancelled. Please provide us an alternate contact name and phone number of a friend/relative in case we are not able to reach you on your cell phone.

Name: _____ Relationship: _____ Cell: (____) ____ - ____

TRANSPORTATION HOME AFTER MISSION TRIP

FLYING

Flight Home (please note: flying out of Chicago Midway Airport at the end of the trip is not an option)

Date of Departure _____

Departing from _____ at _____ a.m. / p.m.
(city & airport code; ex. LAX, ORD, MSP) (time) (circle one)

Name of Airline _____ Flight Number _____ Confirmation Number _____

Date of Arrival _____

Arriving at _____ at _____ a.m. / p.m.
(airport) (time) (circle one)

Connecting Flight Home (if applicable)

Date of Departure _____

Departing from _____ at _____ a.m. / p.m.
(city & airport code; ex. LAX, ORD, MSP) (time) (circle one)

Name of Airline _____ Flight Number _____ Confirmation Number _____

Date of Arrival _____

Arriving at _____ at _____ a.m. / p.m.
(airport) (time) (circle one)

Will you need to pay a Baggage Fee when you check in for this flight? YES NO

If you checked yes above, please bring a credit card or a VISA gift card preloaded with \$80-\$100 on it. This will cover both your baggage fee as well as any additional costs for food in case of flight delay or cancellation. Trip Leadership will not have money to pay baggage fees or purchase food for participants at the conclusion of the trip in Chicago. See the Prep Packets for more information.

PICK-UP

_____ / _____ (____) _____ - _____
(name) (relationship) (phone)

will pick me up on _____ / _____ / _____ from Chicago O'Hare Airport.
(date)

HOTEL

Check the box if the participant needs to spend the night at a hotel in Chicago on the return trip. Please see the Hotel Request Form, sent with the Updated Mission Trip Schedule, for information on reserving a hotel room.
Please note that this is a service that we provide to help participants and is not covered in the cost of the mission trip but will be an additional charge.

Return this form after completing both sides by or before May 14, 2025

MAIL: This form **and a copy of the itinerary** to:

Reign Ministries, 5401 W. Broadway Ave, Minneapolis, MN 55428

E-MAIL: Be careful to send us **ALL** the information asked for **including itinerary** to:

RoyalServants@ReignMinistries.org

Name _____
Acct # P _____ (last, first) _____ Trip _____