**Oklahoma BCM Mission Trip Report**

* Date Submitting:
* Director:
* Campus:
* Date(s) of Trip:
* Location of Trip:
* BCM Leader for trip:
* Ministry/Organization you are working with:
* Local contact person/Missionary partner (please provide contact info):
	+ Local contact name:
	+ Local contact phone number:
	+ Local contact email:
* Number of students participating:
* **You must submit names, contact info, and emergency contact info for each student, to the state office, two weeks prior to your departure.**

If applying for financial support from the state office, please answer the following questions:

* + Cost of trip per participant:
	+ Cost includes (e.g. flights, lodging, food, ground transportation, participant fees, etc):
	+ Is this a BCM led/sponsored trip? Yes No
* Insurance secured for students: yes [ ]  not yet [ ]

Make sure they have liability on the insurance.

American Income Life (AIL) Insurance for students for BCM domestic trips and events including sports. Insurance website:  [www.americanincomelife.com/bcm](http://www.americanincomelife.com/bcm)     Policy 5063s

Gallagher Charitable: International Trips: <https://www.travelwithgallagher.com/>