

# ALLOW THE CHILDREN

LOVING HIS CHILDREN; BUILDING HIS CHURCH

Ministry Trip: \_\_\_\_\_  
(Country destination and date of departure, if known)

Name: \_\_\_\_\_ T-shirt size \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile \_\_\_\_\_ e-mail: \_\_\_\_\_

Name of family contact (not going on trip) \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_  
(Please choose someone who DOES have e-mail in case of need to contact during the trip.)

Home church: \_\_\_\_\_

City, State \_\_\_\_\_

Statement of salvation and commitment to follow and serve the Lord Jesus Christ

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you physically, emotionally and spiritually fit to make this trip? \_\_\_\_\_

Are you 18 years old or older? \_\_\_\_\_

If 'No', person on the trip who is responsible for you is \_\_\_\_\_

### Please submit these items w/application or note status

Pastor's recommendation	_____ given to pastor with stamped, addressed envelope
Passport (copy of face page)	_____ enclosed _____ new or renewal <b>has been sent</b>
Travel medical insurance card (copy)	_____ enclosed _____ purchased, waiting for card
Liability Release form	_____ enclosed
\$250 deposit	_____ required with application and non refundable

After your application is accepted, you may seek tax receipted contributions from others for your expenses. Checks should be made payable to **Allow The Children** and become a gift to the ministry once submitted.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Allow The Children** 1969 Bethel Church Road Forest, Virginia 24551  
[www.allowthechildren.org](http://www.allowthechildren.org) 434-525-8866