



**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: \_\_\_\_\_