vision trip application

//////// College Park Church

k Church // 2606 W

2606 W. 96th Street, Indianapolis, IN 46268 // 317.875.0282 phone

one // 317.875.0605 fax

Please read and fill in form completely. Return application to Global Outreach by the deadline date listed with the trip description.

1. Full name <mark>(as it appear</mark>	s in passport)				2. Gender	□М	ΠF
3. Address							
4. Phone (home)		(work)		(cell)			
5. E-mail			6. Date of birth	7.	Age at time of v	ision trip)
* A passport valid for a (contact information	> six months following your re below) along with this form. e applying for a new or renew	eturn date is require	1				
	member or attendee? D Yes		Year joined				
11. Small group			ABF				
12. Current employment/s	chool						
13. Current church ministr	y involvement						
14. I think my spiritual gift	s are						
15. Countries previously vi	sited						
16. Trip choice							
17. Reasons for wanting to	go on this trip						

18. **COMMITMENT** I will plan to attend all training sessions and all team meetings. I will enclose a \$100 non-refundable deposit and will be responsible for the full cost of the trip, either from my own resources or through the help of others.

Signature*_

(For office use only)

Deposit paid (\$100) _

Approved _

Copy of passport received ____

Date _____

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VIA MAIL Attn: Global Outreach 2606 W. 96th Street Indianapolis, IN 46268

* If you are completing this form electronically, then submitting it by e-mail: by entering your name above,

you agree to accept the terms of the above document with an electronic signature.

VIA E-MAIL Attn: Ron Page rpage@yourchurch.com (please send deposit by mail)