LOFBC SPONSORED MISSION TRIP PARTICIPANT APPLICATION

Lone Oak First Baptist Church

After completing this form, please return it to Patrick Greer, Minister of High School Student, c/o Lone Oak First Baptist Church, 3601 Lone Oak Road, Paducah, KY 42003 or email a facsimile to pgreer@loneoakfbc.org

| Project/Trip Name: C | Cuba Mission Trip High School | |
|------------------------|--|---|
| | July 21 – July 29, 2017 / Santiago de Cuba | FOR OFFICE USE ONLY: |
| Your Name | | \Box Approved \Box Not Approved |
| Date of Birth | Place of Birth: | ☐ Medical Conditions |
| Address | | ☐ Deposit Due: February 5, 2017 Amt.\$100 |
| Phone: (Day) | (Night) | ☐ Financial Assistance Requested |
| Email: | | ☐ Photo Copy of Passport |
| Emergency Contact: | | |
| | Phone # Date issued: | |
| Passport # | Date issued: | Expiration Date: |
| Issue location: | | |
| (If you do not have a | Passport – Contact Patrick immediately) | |
| • Are you a current of | or previous member of LOFBC? Yes No | How long? Years Months |
| | is your current church membership? | |
| , | , i ———— | |
| Please describe/list | any pre-existing medical conditions/medicati | ions you have or take: |
| 110430 00001100, 113. | s unity pro-constant grander conductions, and united | |
| | | |
| Have you been on a | a Mission trip before? Yes No When | ? Traveled to: |
| | t | 224,0204 101 |
| , men projec | · | |
| Have you receive | d financial support from LOFBC for a previous | us mission project? Yes No When? |
| • | ed to: Which project: | 1 0 |
| | · · · · · · · · · · · · · · · · · · · | |
| Describe the purpo | se of this trip and your motivation for particip | pating: |
| Describe the purpo | se of this trip and your monvation for particip | |
| | | |
| | | |
| • Please list 10 neon | le who have agreed to pray daily for you on the | his trin: (1) |
| | (3) | |
| | | (7) |
| (8) | (9) | (10) |
| (0) | (2) | (10) |
| Will you be willing | ng to submit to a background check if necessa | ry? Yes No |

Please complete other side.....

| project, please sign your name in | n project. If you agree to submit a letter about your mission the space provided. |
|---|---|
| If your request is approved, we as | k that, upon completion of this project, you write and subm |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | personal Christian testimony: (Attach additional sheets if neede |
| aa amaaa halann mlaasa muusida ssassu m | enconal Christian testimonen (Attach additional sheets if needs |
| | |
| | |
| | |
| | |
| | |