TEXICO CONFERENCE

Departments of Education and Youth

APPLICATION FOR ZAMBIA MISSION TRIP
March 4-24, 2014

NAME _____ DATE _____

SCHOOL _____ GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____

CHURCH _____

Please check the type of ministry for which you are applying:

SPEAKER _____ CHILDREN'S MINISTRY _____ OTHER (LIST) _____

Please share what you would personally like to get from this trip, as well as what you have to offer in the way of ministry.

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_____

(Continue on back if necessary)

Signature _____ DATE _____

Parent Signature _____ DATE _____

Conference Approval Signature _____ DATE _____