

SHORT TERM MISSION TRIP APPLICATION

Name of Sending Church:	
Contact Person from Sending Church:	
Position/Office:	E-mail:
Home Phone:	Mobile Phone:
Proposed date for mission trip:	
Alternate date:	
Type of Group: Adventurer/Masterguide/Pathfinder Youth/Young Adult Church	Type of Mission Trip: Day Canada (other than ON) Weekend International Within Ontario
Number of people in your group/team:	
Mark which activities listed below your mission team can offer to a Host Church:	
Church Worship Service (on Sabbath) Evangelism Preparation Grief Recovery Seminar Sports Camp Day Camp Community Street Cleaning Community Survey Church Cleaning/Beautification Church Renovations (specify): Other Type of Outreach/Evangelism (specify)	Community Service Health Fair Stop Smoking Series Vacation Bible School Children's Fun Day Evangelism Series Revival Series Home Bible Studies ecify):
Church Board Action #:	Date Approved:
Pastor's Signature:	Date Signed:
Elder's Signature:	
Seventh-day Adventist Church 1110 King Street East or Fax	il to: missiontrip@adventistontario.org k: 1-905-571-5995 site: www.adventistontario.org
Osnawa, Ontario Lin 1n8 Webs	ite: <u>www.adventistontario.org</u>

Sponsoring Ministries:











