



Toronto 2010
Parent & Teen Mission Tour

PLEASE COMPLETE BOTH PAGES OF THIS APPLICATION FORM

Family Name: _____ Number attending _____ Address: _____

Phone number: () _____ Email: _____

Church: _____

Please indicate any medical or dietary concerns for individuals in your family

Please indicate information regarding restriction of physical activities

Signature for the Family: _____ Date: _____

Pastor's Commendation: I hereby indicate that this family takes an active role in the life and ministry of our church and I commend them for short-term mission with the Convention's Family Mission Tour.

Pastor's signature: _____ Church: _____

Registration Fees: \$855 per person

- \$200.00 per person deposit with registration form
- \$655.00 due on Feb 1, 2008.

Payment Options:

- Cheque (Make payable to *Convention of Atlantic Baptist Churches*)
- VISA Card # _____ Expiry Date ____/____
Name on Card _____
- MASTERCARD Card # _____ Expiry Date ____/____
Name on Card _____

*Please attach a **criminal record check** for each applicant over 16 years of age.
These can be obtained from your local Police Department

Mail completed application form to Youth & Family Department
(Convention of Atlantic Baptist Churches, 1655 Manawagonish Road, Saint John, NB, E2M 3Y2)

Questions? dale.stairs@baptist-atlantic.ca
www.baptist-atlantic.ca

Family Member Information

(Please fill in a section for each family member who is applying. Copy this page as needed.)

1. Complete Name (as printed on ID that you will use for flying) _____

Medicare Number _____

Please check: ___ Parent ___ Male ___ Female
___ Teen ___ Male ___ Female Age ____

Areas in which I can contribute to the mission (Please check those which apply)

Music Drama Testimony Preaching Other

Family Member Information

(Please fill in a section for each family member who is applying)

2. Complete Name (as printed on ID that you will use for flying) _____

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