



MISSION TRIP PARTICIPANT APPLICATION

(Type or Print in Ink)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail Address _____

Birthdate _____ Male _____ Female _____ T-shirt size _____

CHRISTIAN EXPERIENCE

Has the born again experience occurred in your life? ___ Yes ___ No At what age? _____

Have you been baptized in water? ___ Yes ___ No At what age? _____

Are you a member of a local church? ___ Yes ___ No At what age? _____

Church Name _____

Church Address _____

Pastor Name _____

List the areas of Christ service where you have or presently served _____

List experience in personal or group witnessing _____

Have you ever been convicted of, or pleaded guilty to, any charge of sexual misconduct?

___ Yes ___ No

APPLICATION FEE

Attach \$100.00 non-refundable deposit in the form of a check or money order, made out to Congregational Holiness Church World Missions and send it in with this application. This deposit will be applied to the cost of your trip.

I hereby affirm that the above information is true and correct to the best of my knowledge.

Applicant's signature _____ **Date signed** _____

Mail completed application with deposit:

Congregational Holiness Church, Inc.
World Mission
3888 Fayetteville Hwy
Griffin GA 30223