

Application of Request for Mission Trip Funds

Name _____

Address _____

Age _____ Date of Birth: _____

Mission Trip Destination _____

Sponsoring mission group & address _____

Trip dates _____

Total trip amount _____

Amount raised to date _____

Home Church _____

Your connection with El Dorado First Baptist _____

Would you be willing to share with El Dorado First Baptist Church about your trip should the opportunity arise ___yes ___no

Other Mission trips you've gone on _____

How did you come to the decision to go on this mission trip? _____

Briefly relate your salvation experience: _____
