

FBW MISSIONS 2020

Mission Trip Application for people 15 years old and younger

Application date: ____/____/____

Location & dates of Trip: _____

Personal information

Name: _____

Last

First

Middle

Street address: _____

City: _____ State: _____ Zip code: _____

Primary phone: _____ Email: _____

Gender: () Male () Female Date of Birth: ____/____/____

Parent's information

Name: _____ Relationship to minor: _____

Phone: _____ Email: _____

Will you attend trip with your minor? Y () N ()

Name: _____ Relationship to minor: _____

Phone: _____ Email: _____

Will you attend trip with your minor? Y () N ()

Relationship to First Baptist Wylie

Check one and complete the requested information

Family members of FBW since ____/____/____ and have attended since ____/____/____

Regular attendee since ____/____/____

Member of a church other than First Baptist Church Wylie, specify church _____

When did applicant receive salvation in Christ? ____/____/____ Please share your salvation story:

We will require you to submit an up-to-date health history and a physical examination form. If you have had a physical examination in last 18 months, you can submit the signed form from your doctor. Please see forms attached.

I have read and understand the FBW financial covenant? Y () N ()

Trip participant signature: _____ Date: ____/____/____

Parent signature: _____ Date: ____/____/____