

## G.A.P. *go and produce* Ministry Mission Trip Application Form

1701 E. Bair Rd. Columbia City, In. 46725  
 Office 260-691-3806 cell 260-609-4484 ~ e-mail smossburg@msn.com

**Each individual on the team must fill out application.**  
**Only the team leader needs to submit choice for travel dates.**

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Address** \_\_\_\_\_

**e-mail** \_\_\_\_\_ **phone** \_\_\_\_\_

**1 st choice for date of travel** \_\_\_\_\_ **TO** \_\_\_\_\_

**2<sup>nd</sup> Choice** \_\_\_\_\_ **TO** \_\_\_\_\_

<b>Question 1:</b>	<b>Name and address of your church ?</b>
<b>Reply:</b>	
<b>Question 2:</b>	<b>Have you been on other mission trips, if so where ?</b>
<b>Reply:</b>	
<b>Question 3:</b>	<b>Occupation, specific skills, gifts or talents ?</b>
<b>Reply:</b>	
<b>Question 4:</b>	<b>What is your personal goal for this mission trip?</b>
<b>Reply:</b>	
<b>Question 5:</b>	<b>What do you think is the goal of your team?</b>
<b>Reply:</b>	

**Notes:**