

Island Adventure Family Mission Tour 2014

PLEASE COMPLETE ALL PAGES OF THIS APPLICATION FORM

		Address:
Church:		
•	l or dietary concerns for individuals	in your family
Please indicate information	regarding restriction of physical ac	tivities
Please indicate preferred		use (at Camp)
Signature for the Family:		Date:
	I hereby indicate that this family tal m for short-term mission with the C	xes an active role in the life and ministry of our onvention's Family Mission Tour.
Pastor's signature:		Church:
Registration Deadline: April Registration Fees: Due		
Payment Options:	\$207.00	
- 1	able to Convention of Atlantic Bapti.	
• VISA	<i>Card</i> #	Expiry Date/
	Name on Card	
• MASTERCARD	Card # Name on Card	Expiry Date/
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Mail completed application form to: Island Adventure Family Mission Tour, Convention of Atlantic Baptist Churches, 1655 Manawagonish Road, Saint John, NB, E2M 3Y2

Questions? <u>adrian.gardner@baptist-atlantic.ca</u>, (506) 635-1922 www.baptist-atlantic.ca

Family Member Information

(Please fill in a section for each family member regardless of age – you need not fill out the *Areas of interest and experience* for the younger family members) Copy this page as needed



Name	Status (Father, Mother, Son, Daughter, Other)		Age
Ministry Interest for this project	: Construction/Maintenance Children's Ministry	Sports Camp	_
Areas of interest and experience	(indicate by 1, 2, or 3 to the right of	f each description)	
<u>-</u>	perience and enjoy it $2 = I$ have		
	B =I have no experience but I am i	nterested	
Lead kids Bible Lesson	Lead Singing	Drama	
Personal Witness	Play an instrument	Clowning	
Teach Bible verses	Games/recreation	First Aid	
Plan/Lead Craft Work	Puppets	Sports	
Construction	Basic Maintenance	Other (explain)	
ame		, Son, Daughter, Other)	0
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	Children's Ministry		
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