

Application for Mission Costa Rica 2020

loving God
loving people
changing the world

Bethel Baptist Church
PO Box 1617 or 23307 Roberts Road, New Caney, TX 77357
281-689-3958 * bethelnewcaney@yahoo.com * www.bethelnewcaney.com



Please print clearly unless otherwise instructed.

Full Name **AS IT APPEARS ON YOUR PASSPORT:**

First _____ Last _____ Middle _____

Maiden _____ Other names you have gone by _____

Home (Street) Address _____

City _____ State _____ Zip _____

Cell Phone _____ Phone (home or work) _____

Place of Employment _____ Date of Birth ____/____/____ (must include year)

Email Address _____ Passport # _____

Please give an email address that you check daily. Our primary form of team communication will be via email &/or text message.

Passport Country of Issue _____ Passport Date of Expiration _____

What language(s) do you speak? _____

Give the first & last name of who you want listed as your insurance beneficiary: _____

Please purchase an airplane ticket which provides extra leg room. I agree to pay the extra amount. Yes No
This extra fee can potentially add significant cost to your total airfare.

Have you made a personal commitment to Jesus Christ? Yes No If yes, please share a little about your relationship with Jesus.

Why do you want to serve in Transnistria?

I understand that my deposit is non-refundable & non-transferrable. I understand that airplane tickets are purchased without trip insurance. If I do not use my airplane ticket for any reason, I forfeit the full price of the ticket. I understand that airfare includes the cost of one checked bag, & that I will pay for all subsequent luggage I choose to check. I hereby release Bethel Baptist Church & her officers of all liability. I give permission to Bethel Baptist Church & her officers to use images &/or videos of me at their discretion. I agree to work under the authority of the officers of Bethel Baptist Church, the designated mission trip leadership & the in-country leadership.

Applicant's Signature _____ Date _____

Please return this form to the church office when completed. Please use the PO Box 1617 address when mailing payments or this application. Thank you for your willingness to be used by God to change the world. If Applicant is a minor, this application also requires the signature of at least one of the applicant's legal guardians below.

Guardian's Signature _____ Date _____

Name of Applicant _____

BELOW FOR OFFICE USE ONLY

Date Application Received in Office _____

Payment Date: _____ Payment Type: Cash Check# _____ Other Payment Amount: _____

Payment Date: _____ Payment Type: Cash Check# _____ Other Payment Amount: _____

Payment Date: _____ Payment Type: Cash Check# _____ Other Payment Amount: _____

Payment Date: _____ Payment Type: Cash Check# _____ Other Payment Amount: _____

Form MCR20A