



SUMMER MISSIONS CAMP APPLICATION

Your Name (exactly as it appears on your passport or birth certificate) Camp Date

Date of birth Passport Number Expiration Date Country Issued

Home phone / Cell phone Email Single / Married Male / Female (Circle one) (Circle one)

Permanent Mailing Address

Name, address and phone number of your local church

Spiritual Leader or Pastor's Name:

Please list two personal references:

Name, email and phone:

Name, email and phone:

Write a brief testimony and the reason you want to participate in our Summer Missions Camp Program: (Attach a separate page if necessary.)

Do you have any medical needs and/or are you currently taking any medications? If so, please explain.

FINANCIAL COMMITMENT: I understand that I am responsible for paying the full amount of the Mission Camp program fees and other costs between WOC and myself, such as ministry travel expenses.

(Signature)

Mail application and \$100 deposit to: World Outreach Center, PO Box 34, Fort Mill, SC 29716

Please make checks payable to: World Outreach Center

To pay by debit/credit card through Paypal: www.worldoutreachcommunity.org (memo: Missions Camp)