

Partnering Churches Application for GCBA Summer Missions Program

Church Name _____

Church Address _____

Church Phone Number _____

Church Website URL _____

Church Contact Person _____

Contact Person's Position at the Church _____

Contact Person's Phone Number _____

Contact Person's E-mail Address _____

Pastor's Name _____

Anticipated number of participants?

Demographic of those participating? (Teenagers, adults, senior adults)

Has the church participated in domestic summer mission trips in the past? If so, please outline the type of trip(s). Also please provide contact information for the host church/association of the most recent mission trip.

Is your church group willing to partner with another church group while you are on the coast? (On occasion two small or medium sized teams will be paired up in their mission work and in the sleeping quarters). If no, please explain.

Is the church willing to purchase adequate insurance to protect the church and members of the church during and after the mission trip?
