

Church Of God In Christ, Inc.

Department of Missions

Youth On A Mission

Application/Registration Form

Name: _____

(As stated on the Passport)

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Telephone: (____) _____

home
 work
 cell

(please check one) Adult _____ Teenager (age) _____ Child (age) _____

The following is required to purchase airline ticket:

Passport Number: _____

Date Of Birth: _____ Gender: male female

Date Of Issue: _____ Date Of Expiration: _____

Nationality: _____ Place Of Birth: _____

Occupation: _____

Student: Grade _____ Name of School/College _____

Name of Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Pastor's Name: _____

List membership in church auxiliaries / activities: _____

Mail this form with check to: THE SPECIFIC TEAM LEADERS FOR THE COUNTRY AND GROUP YOU ARE INTERESTED IN PARTICIPATING WITH.

GENERAL INFORMATION: June Rivers, 5821 Outer Drive West, Detroit, Mi. 48235
1.313.342.6885 E-mail: rivers@ameritech.net Fax: 1.313.345.2148