



**PARTICIPATION FORM**

Today's Date \_\_\_\_\_

<b>Part I: Personal Data</b>			
<b>Print your name as it appears on identification used at airports</b>			
Name (Print Full Name)		Title	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
City		State	Zip/Postal Code
Home Phone	Work Phone	Fax	
Mobile Phone		Email	
Church Name		Church Phone	
Pastor's Name			

<b>Part II: Trip Option</b>	
On my trip to West Africa, I would like to participate in: (please check which option you want to participate in)	
<input type="checkbox"/> Option 1 – Nigeria	<input type="checkbox"/> Camera Crew (We are always in need of people to record these events. Much of what happens is historic in the life of the Church and it helps if we have good pictorial records)
<input type="checkbox"/> Option 2 – Togo	
<input type="checkbox"/> Option 3 – Medical Trip to Ghana [Details to follow after receiving application form]	
<input type="checkbox"/> Option 4 – Entire Trip	

<b>IMPORTANT NOTE</b>	
<b>ALL PARTICIPANTS OF AOF MISSIONS TRIPS MUST COMPLETE THE MISSIONS MANDATE TRAINING. PLEASE CONTACT US TO SCHEDULE THIS IF YOU HAVE NOT ALREADY COMPLETED THIS.</b>	
<input type="checkbox"/> I have completed the Missions Mandate Training	Date: _____
<input type="checkbox"/> I have <b>not</b> completed the Missions Mandate Training. Please send me registration forms.	

***MOBILIZING THE CHURCH TO BOLDLY GO WHERE SHE HAS NOT GONE BEFORE***

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