

SUMMER MISSION TRAINING CAMP – Into All The World Mission

Last name First Name E-mail address

Mailing Address City Prov. Postal Code

Home Phone Cell Phone

Sex Male Female Birth Date _____ Age _____

Medicare Number _____ Province _____ T-Shirt size – (S M L XL XXL)
Circle one

Father/Guardian Name Home Phone Work Phone

Mother/Guardian Name Home Phone Work Phone

Have you been on a short term mission before Yes No If so please state which year _____

Where _____

Have you ever consumed alcohol or illegal drugs? Yes _____ No _____

Have you ever been involved with a cult or the occult? Yes _____ No _____

Have you been involved in a court case within the last year? Yes _____ No _____

If you have answered yes to any of these please state which ones and explain in detail – Use another sheet if necessary.

MEDICAL HISTORY – DO you now have, or have you had:

___ Seizures ___ Fainting spells ___ Eating disorder ___ Respiratory/cardiac problems ___ Allergies ___ other health concerns

Are you currently under the care of a physician or psychiatrist? Yes _____ No _____

Are your inoculations up to date ? _____ Yes _____ No

Attach a copy of your immunization record to the application.

If you have answered yes to any of these, please explain in detail. Use another sheet if necessary.

Pastors Name Phone Number

Church Name Church Phone Number

Have you spoken to your pastor about your possible involvement with the summer mission training camp?
_____ Yes _____ No

Does your Pastor support your involvement in this camp? _____ Yes _____ No

On a separate sheet of paper please write your personal testimony of your relationship with Christ.

Please check each area that you have had experience in.

____ Drama ____ Singing ____ Dancing ____ Puppets ____ Preaching ____ Musical Instruments ____ Evangelism

____ Children's Work ____ Other

Please explain in more detail the ones you checked (i.e. if musical instruments which instruments etc.)

If you have any further comments that you need to share concerning your application please communicate them to us on a separate sheet of paper.

CAMP DATES –

Sunday August 21th – Arriving at Shiloh Church – Fenelon Falls about 4pm –

Wednesday August 24th — Fly to Zanzibar

Saturday September 3rd — Fly into Toronto.

Registration Fees - \$100 with the application and the remainder due before June 15th.

Checks made out to: INTO ALL THE WORLD

PLEASE READ BEFORE SIGNING.

Specific Limitations: The purpose of this Summer Mission Training Camp is to minister the Gospel of Jesus Christ. We require strict compliance with rules and regulations including rules concerning conduct, dress, and Christian lifestyle. These will be explained to all applicants. Failure by team members, leaders, or staff to comply with the Camp policies is grounds for dismissal, without refund or reimbursement.

I have read and understand the above information. The information I have given on this application is accurate and true to the best of my knowledge I also give Into All The World mission the right to use my pictures, voice and / or testimony in any form of promotional or advertising materials. My enclosed signature (and that of my parent or legal guardian if under 18) signifies my approval of all limitations listed above.

Student Signature

Date

If student is under 18, parent/guardian please read and sign: “I hereby give my consent for my son/daughter’s involvement with this summer mission training camp. I understand that failure by my son/daughter to comply with Camp policies is grounds for dismissal, without refund or reimbursement. I agree to cover all costs incurred in the event that my son/daughter is sent home from the training or mission.”

Parental Signature

Date

There are a limited number of spaces in this year’s camp. If the camp is full when you application arrives we will return it and the deposit sent with it.

If you are registered and notify the camp by August 1st that you must withdraw we will return half the deposit fee.

PLEASE Complete your application and enclose the following requested materials:

A recent picture of yourself (attach using a paperclip, do not staple or glue)

A copy of your immunization record

A non-refundable application fee of \$100

Your pastor’s recommendation (Your pastor can send this directly to us if he/she wants.)

Please Mail All Information to:

IATW

336 Speedvale Ave W. Unit K Guelph, On. N1H 7M7