

## **REQUEST FOR A VISITING MISSION TEAM**

Name of Host Church:	
Contact Person from Host Church:	
Position/Office:	E-mail:
Home Phone:	Mobile Phone:
Length of Stay of Mission Team:  Day Weekend Two weeks  Overnight Week-long Other	
Proposed date for visiting mission team:	
Alternate date for visiting mission team to come:	
Our church can accommodate: (# of people in a team)	
Type of Accommodation:	
Food Arrangements:	
Mark which activities listed below you would like the visiting team to do:	
Church Worship Service (on Sabbath)  Evangelism Preparation  Grief Recovery Seminar  Sports Camp  Day Camp  Community Street Cleaning  Community Survey  Church Cleaning/Beautification  Church Renovations (specify):  Other Type of Outreach/Evangelism (specify)	Community Service Health Fair Stop Smoking Series Vacation Bible School Children's Fun Day Evangelism Series Revival Series Home Bible Studies
Church Board Action #:	Date Approved:
Pastor's Signature:	Date Signed:
Elder's Signature:	Date Signed:
Mail to: Ontario Conference of the Seventh-day Adventist Church 1110 King Street East or Fax:	: missiontrip@adventistontario.org 1-905-571-5995
Oshawa, Ontario L1H 1H8 Website:	www.adventistontario.org

**Sponsoring Ministries:** 











