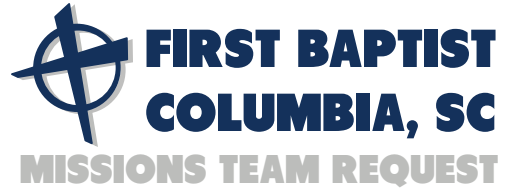


TODAY'S DATE: _____
PERSON MAKING REQUEST: _____
DATE(S) OF MISSIONS PROJECT: _____
LOCATION OF MISSIONS PROJECT: _____



FOR INDIVIDUAL TRIPS

ORGANIZATION/CHURCH GOING WITH: _____
PROJECTED COST OF TRIP: _____
CHECK SHOULD BE MADE OUT TO: _____
DATE MONEY IS DUE: _____
OTHER NOTES FOR CHECK: _____
CHECK SHOULD BE MAILED TO: _____

FOR FBC GROUP TRIPS

PROJECTED COST OF ENTIRE TRIP: _____
ESTIMATED COST PER PERSON: _____
FBC STAFF LIASON: _____
GROUP/MINISTRY GOING: _____
LIST MEMBERS THAT ARE GOING: _____

TRIP DESCRIPTION

MISSION STATEMENT: _____
SPECIFICS ON HOW MISSION STATEMENT WOULD BE ACCOMPLISHED: _____

SPECIFIC PRAYER REQUESTS: _____

ANY NON-MONETARY NEEDS THAT THE MISSIONS COMMITTEE CAN CHECK RESOURCES ON?: _____

FOR MISSIONS COMMITTEE'S USE ONLY

DATE: _____
RESPONSE: _____

NUMBER OF FBC MEMBERS RECEIVING FINANCIAL AID: _____
AMT. OF FINANCIAL AID PER PERSON: _____
TOTAL AMT. FOR TRIP: _____