

Philippines 2017 Returning Application

Name on Passport _____ Name you go by _____
(First, Middle, Last)

Marital Status: S M D W Date of Birth _____
(MM/DD/YY)

Mailing Address _____

City _____ State _____ Zip _____

Cell _____ Other Phone _____

E-mail Address _____
E-mail will be the primary form of communication used

School/Graduation Year _____
(if currently in high school or college)

If in college, what is your major? _____

If not a student, what is your occupation? _____

If you are away at college, please provide your mailing address:

Street Address _____

City _____ State _____ Zip _____ T-Shirt Size: S M L XL XXL
(Summer Trip Only)

Church Currently Attending? _____

Is your passport current? Yes* No If NO, have you reapplied yet? Yes No
***Expiration date must extend 6 months beyond return date!

IF YOUR PASSPOT IS CURRENT, PLEASE SUBMIT A COPY WITH THIS APPLICATION

Passport #: _____ Expiration: _____ Delta SkyMiles #: _____

Which trip are you applying for?

- January 20 - February 4, 2018
- June 23 - August 5, 2018

Are you interested in visiting the orphanage? Yes No
(Requires an additional \$300; may not be an option for January)

What dates would you like to join the team?

Trip Costs:

- 2 weeks \$3,500
- 3 weeks \$4,200
- 4 weeks \$4,900
- 5 weeks \$5,600
- 6 weeks \$6,300

What airport would you like to fly from?

1st Choice: _____
2nd Choice: _____

What did you enjoy most about your last trip to the Philippines? _____

What are you currently doing to grow in your relationship with Christ? _____

It is our desire that all team members come to *serve* as Christ came to serve (Philippians 2:5-11). With this in mind, read the following pledge and sign below if you are willing to make this commitment.

I pledge to willingly submit to the authority of my team leaders, the Filipino staff, and others put in leadership positions. I understand that I am not entitled to a leadership position as a returning applicant. I commit to refrain from gossiping, to avoid complaining, and to respect the staff and opposite gender with my words, actions, attitude, and dress.

(Please sign if you are willing to make this commitment)
Please mail this fully completed application to the following address:
Bob Tebow Evangelistic Association
8834 Goodby's Executive Dr., Suite F
Jacksonville, FL 32217

