

# Philippines 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?

Are you interested in visiting the orphanage?  Yes  No

June 22 - August 4, 2018

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

