

Ghana, Africa | August 2012



Full Legal Name as on passport (Please Print Clearly)

Street Address _____

City/State/Zip _____

Date of Birth _____ Age _____ Gender _____
Male Female

Passport Status: (check one) Current Expired Never Applied

Passport # _____ Expiration Date _____

Country of citizenship _____

Phone Numbers

Home _____ Work _____ Cell _____

E-mail

(All trip updates will come via email; if applicable, include parents email too on back or separate paper)

Have you been Baptized in Jesus Name? Yes No

Have you received the Holy Ghost? Yes No

In case of Emergency contact:

Name _____ Relationship _____

Home _____ Work _____ Cell _____

Do you have any Medical problems or physical limitations: Yes No (If yes please explain on separate sheet of paper)

Home Church

Pastor's Name

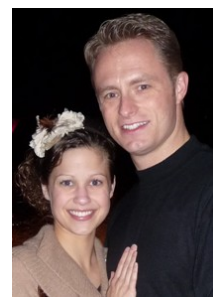
Pastor's Phone

Pastor's Email _____ Signature of Pastor _____

(Pastor: Please enclose a letter of recommendation with application, mail separately, or fax to 314-831-4609)

Signature of Parent or Guardian

Signature of Applicant



Luke & Amy Levine
MO-YOM Coordinators

Mail Application to:

MO-YOM, PO Box 1004 Imperial, MO 63052 ~ Checks made payable to MO-YOM

Questions?

Please email Rev. Luke Levine, MO YOM Coordinator: llevine@moyouth.com ~ Fax number (314) 831-4609

www.moyouth.com ~ www.mo-yom.com