Bell Shoals Baptist Church

When will the team depart (date):	Return:
months prior to your anticipated journey. All of the	sion Coordinator in the Global Outreach Center at least a information requested below needs to be provided so tha g pre-journey promotion, training, and post-journey follow ton at 689-4229 Ext. 324.
Global Outreach Team: Judea Samari	a Ends of the Earth
Who will the team work with: Local Church	NAMB Missionary IMB Missionary
Other:	
Contact name and e-mail:	
What will the team be doing: Evangelism	Discipleship Leadership Training VBS
Other:	
Tell us about the proposed team	
Team size Minimum:	Maximum:
"Family Friendly" Yes No Minimur	m age for this journey:
Total estimated per-person cost for the propose	ed journey: \$
Will you be renting and/or driving a vehicle on to Note: Specific insurance is required if a team me	· · · · · · · · · · · · · · · · · · ·
Special restrictions or limitations (altitude issues, health concerns, etc.)	
Co-Team Leader (if applicable):	
Submitted by (Team Leader):	Date:
Phone Number: Email	:

How can we help you promote this journey?

 Promotional assistance not needed Promotional card needed in Welcome Hall Pre-Service Slides
If pre-service slides are requested, please supply the information you would like on the slides below:
How many informational meeting(s) do you want to have in the Mission's area of Welcome Hall? One Two None
Please give three options for dates of the informational meetings: (Note: we need at least a two-week lead time to promote these meetings)
Option #1:
Option #2:
Option #3:
Do you want this meeting publicized?
Director's Notes
Ministry Guide
Missional Living Coordinators
How else can we help you?