

APPLICATION FORM, MISSION 10/40

Return to SDA-DNU, Victor Marley, Postbox 123, 3529 RØYSE

PERSONAL INFORMATION

Full name		E-mail	
Passport country		Cell phone	
Birth date		Mothers name	
Year of baptism		Cell phone mother	
Church membership		Fathers name	
Name of local pastor		Cell phone father	

PERMANENT ADDRESS

Street	
Post number	
Place	

CURRENT ADDRESS

Street/post box	
Post number	
Place	

What is your main reason for wanting to attend MISSION 10/40?	
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Why do you think it is important to share the gospel?	
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Which career do you plan for yourself in the future?	
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Do you think the Lord has a plan for your future, and what do you think it might be?	
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We need to contact two references, of which one must be your local pastor.

PASTOR

NAME	
Phone number office	
Phone number cell	

SCHOOL OR WORK RELATED

NAME	
Phone number office	
Phone number cell	

THE APPLICATION DEADLINE IS 1. DECEMBER 2009