



FIRSTBAPTIST C A N Y O N

Mission Trip Application (to be completed by individual team members)

Please complete and return to:
FBC Canyon Missions Committee
1717 4th Avenue
Canyon TX 79015
806.655.2501
www.fbc-canyon.org

This application needs to be completed by individual team members.
****International: 3 months prior to trip date.**
****Domestic: 6 weeks prior to trip date.**

Personal Information

Name: _____
Last First

Phone number: _____

E-mail address: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: _____ DOB: _____

Financial Information

What is the cost of the mission trip? _____

How much are you requesting from FBC Canyon? _____

What is the deadline for financial support? _____
Month Day Year

To whom should a check be made payable? _____

Non-Sponsored FBC Canyon Trips

****If this is a non-sponsored FBC Canyon Mission Trip, please answer the following:**

Agency affiliation: (circle one **OR** write-in other)

IMB NAMB SBC CBF SBTC BGCT NLAI Other: _____

What is the nature of the ministry with whom you will be working? (church plant, outreach, orphanage, care ministry, etc.)

