



"Whatever you did for one of the least of these brothers, you did for me." Mt 25:40

Short Term Mission Trip Application for Summer Camp in Latvia

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ - _____ Email _____

Date of Birth ____/____/____ Expiration Date of Passport _____

Are you currently in: High School _____ College _____

Freshman Sophomore Junior Senior Grad

Name of School _____ Major _____

School year address _____

_____ Phone _____

What Church do you attend? _____

Pastor's name _____ Phone _____

Emergency Contact Person _____

Relationship to you _____

Address _____

City _____ State _____ Phone _____

Do you speak Russian? ____ or Latvian? ____

Where have you in Eastern Europe or Russia? _____

Briefly describe your relationship with Jesus Christ. _____

What skills do you possess that will help H.I.M. bring the Gospel to the youth of Latvia?

Why do you want to be a part of the H.I.M. summer camp program? _____

Signature _____ Date _____

Please mail your application along with a non-refundable deposit of \$300 to H.I.M. address.

Hope International Ministries, P.O. Box 211, Wheaton IL. 60187

- ❖ website: www.him4kids.org
- ❖ e-mail: info@him4kids.org
- ❖ phone: 630-546-7605