

Mail or hand deliver this form to the Stateside

Director: Andrew Walt / The Country Place /

1850 Price Rd. / Moscow, TN 38057

Telephone: (901) 877-3943

E-Mail: andrew@globalpioneers.org

Summer Missions Camp

Please register my son/daughter (name) _____ for the period circled below. Find enclosed the required deposit of \$250 (US dollars) which will be credited toward the total fee. I agree to pay the remainder of the fee as per terms in this application.

Please read the entire application before signing it.

Student's Information: Name: _____ Phone: _____ Cell: _____ Address: _____ City: _____ State: ____ Zip: _____ Age: _____ Date of birth: __/__/__ M/F _____ Mother's name: _____ Cell Phone: _____ Father's name: _____ Cell Phone: _____ Other Emergency Contact(s): _____ _____ _____ How did you learn of our program? _____ _____ Church Attending: _____	Please check area of participation: Leader _____ Pioneer _____ Email: Parents: _____ Participants: _____ Spiritual Gifts: _____ _____ Talents & Areas of Ability: _____ _____ Areas of Interest: _____ _____ T-Shirt Size: (Adult) SM ~ MED ~ LG ~ XL
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Present Academic Status: High School Grade Completed: 11 ~ 12 School Attending: _____
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Deposit Due with Application: \$250

Monthly Payments: \$500

Total Balance Due: March 15, 2009.

Camp Dates	Cost
May 26 - June 10, 2009	\$3,500
TBA	\$3,500

Initial: _____ *

3 Letters of Recommendation are requested:

- 1) Church Staff Person
- 2) Parent
- 3) Anyone of your choice

On a separate sheet of paper, please briefly share your testimony of when you accepted Christ, including a short description of your present relationship with Him.

What are your three main reasons for attending Global Pioneers?

- 1) _____
- 2) _____
- 3) _____

In what capacity of leadership have you served or are you serving in your school or church?

In signing this application, I certify that my son/daughter is amenable to discipline and is free from habits that would make him/her an undesirable participant at Global Pioneers. I agree to abide by the terms of payment outlined in this application. I agree that in the event of dismissal or withdrawal because of homesickness, misconduct, or any other cause, except an illness requiring the attention of a physician, that I will pay the fee in full. In the event of withdrawal because of illness requiring the attention of a physician, one half of the unused fee for the unexpired portion of the term will be refunded. I hereby give permission for my son/daughter to participate in the entire program, and permission for Global Pioneers to act in my behalf in case of sickness or emergency. I understand that photographs of my child from the camp season are available for publication and that any and all positive statements about Global Pioneers may be used as testimonials in materials publicizing the camp program.

This application has my approval and consent:

Student: _____

Parent or guardian: _____

\$250 in US dollars must accompany application and will be applied to total cost.

This is nonrefundable in the event of cancellation or withdrawal.

Make check payable to The Country Place: Send to: 1850 Price Rd. / Moscow, TN 38057 / Attn: Global Pioneers

Please list specific people praying for you with addresses:

1) Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip code: _____
Email: _____

2) Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip code: _____
Email: _____

3) Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip code: _____
Email: _____

Please send camp information to our friends:

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip code: _____
Email: _____