

Blessing the Children International Group Application

This form is for groups interested in leading a team to Ethiopia, Africa to work with Blessing the Children International. Completing this application will provide the necessary contact information to begin scheduling your trip.

Contact Information

Contact Person: _____ Position: _____
Address: _____ Cell: (____) _____ BEST TIME TO CALL

Other: (____) _____ BEST TIME TO CALL

Fax: (____) _____ IF AVAILABLE
E-mail: _____ PRIMARY E-mail: _____ ALTERNATE, IF AVAILABLE

Organization / Church Information

Name: _____ Type of Organization: _____
Website: _____ Senior Pastor: _____ IF APPLICABLE
Address: _____ Phone: (____) _____ BEST TIME TO CALL

Other: (____) _____ BEST TIME TO CALL

Fax: (____) _____ IF AVAILABLE

Group Information

1st Choice of Dates: _____ Team Leader: _____
ARRIVAL DEPARTURE PERSON WHO WILL LEAD TEAM IN ETHIOPIA
2nd Choice of Dates: _____ Estimated # of Participants: _____
ARRIVAL DEPARTURE

Please mail this Group Application with \$350 non-refundable deposit. The deposit will be applied to your groups' trip expenses while in Ethiopia. Upon receipt of your application, our staff will contact you to confirm your dates and begin planning your trip. We will work with you to establish your trip cost based on expected travel expenses.

Printed Name of Applicant Signature Date

Please return completed form directly to Blessing the Children International

Each team member must submit a Team Member Application via postal mail within 7 days of acceptance.

Blessing the Children International
2267 Fraser Road
Kawkawlin, MI 48631



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