



**TEAM LEADER MISSION PROJECT REQUEST FORM**

Destination of Proposed Project: \_\_\_\_\_ Dates of Trip: \_\_\_\_\_

Purpose of Project: \_\_\_\_\_

Please describe what your vision is for furthering His kingdom during this trip.

Team Leader: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Org. (on field): \_\_\_\_\_ Contact Name (on field): \_\_\_\_\_

Phone (on field): \_\_\_\_\_ E-mail (on field): \_\_\_\_\_

Maximum number on team: \_\_\_\_\_

	*Cost per person	Team Cost (# Team Members x Cost per person)
Airfare		
Visa		
Hotel		
Meals (\$15 or less per person/meal)		
Translator Cost		
Ground Transportation		
Insurance		
Materials/Literature (Bibles, etc)		
Misc. Costs		
<b>TOTAL</b>		

\*Passport fees, additional insurance, immunizations, airport parking fees, personal travel (sightseeing/extra days), snacks, baggage fees, meals (over \$15 USD), tips, and souvenirs are considered personal expenses. Please do not include these in your total costs.

**OFFICE USE ONLY:**

\_\_\_\_\_ cost per person x \_\_\_\_\_ % = \_\_\_\_\_ amt of scholarship x \_\_\_\_\_ # of members = \_\_\_\_\_ total scholarship



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Please list the known travelers and designate the maximum number of travelers possible by listing "TBD" up to the maximum number appropriate for your mission trip. This list will change after submission, but will help the committee determine funding.

#	Team Members	Calvary Member (Y/N)
1	_____	_____
	<i>Team Leader</i>	
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____