Operation Saturation 2014 Trip Application

Applicant Name: (Last)			(First)	
(Middle Name)			_ (Preferred Name)	
Age:	Date of Birth:	<u> </u>		Sex:
Permanent Address:				
City:		State:	Zip: Phone/Cell:	
Email Address:				
Home Church:			Pastor:	
Emergency Contact: Name:			Phone/Cell:	
Relationship with applicant: _				
I have a current passport	yes no	Please include	passport copy with application	
•			no If yes, please explair	
	tian testimony (use	back if necessary	v):	
				······································
Please list any prior Missions	service:			

Please list any previous prayer walk experience (where, when, church/organization):		
Please list any previous experience	e with Basque people (use back if necessary):	
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	estion Cotumbian 2014 trip application. All trip applications required by	
	ration Saturation 2014 trip application. All trip applications must be received by n line (www.FECMinistries.org) or mail application and risk waiver form to: Hal	
Lehman, FEC, 1420 Kerrway Court,		
, , ,		
 ;	he Pastor Reference Form is received from you pastor. Please download form and	
ask your pastor to complete the fo	orm and return to the person and address listed on the form.	
A \$100 deposit is due with applicat	tion with two additional payment installments: \$1000 by March 4 and \$1000	
	March 25 . Payment can be made online at www.FECMinistries.org or via check made	
out to Fellowship of Evangelical Ch	urches and mailed to Operation Saturation 2014, c/o FEC, 1420 Kerrway Court, Fort	
Vayne, IN 46805.		
Thank you for prayerfully consideri	ng your involvement with the Operation Saturation 2014 team. God's Blessings!	
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	sent to Hal Lehman h.lehman@fecministries.org	
Questions and inquiries should be s	sent to Hal Lehman h.lehman@fecministries.org Deposit/First Install/Final Install Received:/	