

North Carolina Baptist Conference of the Deaf
Missions Committee
Potter-Peyton State Deaf Missions Offering
Mission Trip Fund Request Form

Name: _____
(last) (first) (middle)

Organization: _____

Contact Person: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ VP _____ Voice _____

Age: _____ Female _____ Male _____ Deaf _____ Hard of hearing _____ Hearing _____

Marital Status: Single _____ Married _____ Widow _____ Divorced _____

1. Are you a Southern Baptist? Yes _____ No _____ If yes, what church do you attend?

Address: _____

City _____ State _____ Zip code _____

2. What church responsibilities do you have?

3. Have you ever been on a Deaf Mission trip before? Yes _____ No _____

If yes, please list the place and your responsibilities on the team:

4. What kind of mission activities are you interested in? (Evangelism, camp counselor, educator, construction, etc.)

5. How much money are you requesting from the Mission Offering? _____

6. When are you planning to go on your mission trip? _____

7. What organization or mission group will you be working with?

8. Please have your pastor sign here: _____

Church: _____

Mail to: **Deaf Missions Committee Chairperson**

c/o Paula Little
105 Sourwood Dr
Morganton, NC 28655