



FIRST BAPTIST

ZACHARY

MISSION TRIP FINANCIAL ASSISTANCE REQUEST FORM

Date: _____

Church Member: Yes _____ No _____

Name: _____

Email: _____

Phone: _____

Address: _____

Trip Location: _____ Trip Dates: _____

Amount Requested: _____ (Church will assist up to half the cost of the trip)

Amount Approved by Missions Committee: \$ _____

Mission Chairman: _____ Date: _____

