



First Baptist Allen Mission Trip Request Form

Leader: _____

Location: _____

Duration: _____

Approximate Dates: _____

Is there a missionary in place? Yes No

IMB: _____

Other: _____

Affiliation: _____

Local church/pastor? _____

What is the primary goal of the trip:

What are the secondary goals of the trip:

What type of training is needed: _____

Interpreters: _____

Logistical Support in place: _____