

Pastor to DR Project - Application

Name _____ Phone _____
Address _____ Email _____

Church _____
Address _____

Work Camp Project: _____ WC Dates _____
Location (Lower 48) _____ Type of work _____
Mode of travel _____
Estimated Individual/Personal Travel Expenses _____

	Name of each person in the group:	Contact Info:
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____

Work Camp On-Site Person or Group: _____
Contact Info: _____

Local Work Camp Leader _____
Contact Info: _____

I agree to submit receipts and pictures within 10 days of returning home from the work camp experience in order to receive money to cover my travel expenses of up to \$500 per individual or individual and spouse to and from the work camp. Furthermore, I will share my/our experience with our and/or other congregations.

Signed: _____
Date _____

Other information or questions:

~ To be filled out by COGO Office ~

Date Received at COGO Office _____ Approved By _____

Return to: COGO Ministries, 653 McCorkle Blvd. Suite G, Westerville OH 43082-7159