



Ontario Conference of the Seventh-day Adventist Church

REQUEST FOR A VISITING MISSION TEAM

Name of Host Church: _____

Contact Person from Host Church: _____

Position/Office: _____ E-mail: _____

Home Phone: _____ Mobile Phone: _____

Length of Stay of Mission Team:

- Day Weekend Two weeks
- Overnight Week-long Other _____

Proposed date for visiting mission team: _____

Alternate date for visiting mission team to come: _____

Our church can accommodate: _____ (# of people in a team)

Type of Accommodation: _____

Food Arrangements: _____

Mark which activities listed below you would like the visiting team to do:

- Church Worship Service (on Sabbath) Community Service
- Evangelism Preparation Health Fair
- Grief Recovery Seminar Stop Smoking Series
- Sports Camp Vacation Bible School
- Day Camp Children’s Fun Day
- Community Street Cleaning Evangelism Series
- Community Survey Revival Series
- Church Cleaning/Beautification Home Bible Studies
- Church Renovations (specify): _____
- Other Type of Outreach/Evangelism (specify): _____

Church Board Action #: _____ Date Approved: _____

Pastor’s Signature: _____ Date Signed: _____

Elder’s Signature: _____ Date Signed: _____

Mail to: Ontario Conference of the
Seventh-day Adventist Church
1110 King Street East
Oshawa, Ontario L1H 1H8

E-mail to: missiontrip@adventistontario.org
or Fax: 1-905-571-5995
Website: www.adventistontario.org

Sponsoring Ministries:



*Ontario Conference
Evangelism, Church Planting,
& Church Growth*