



# 3 Angels Mission

Application Form

Accra, Ghana

October 14, 2016- October 29, 2016

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_

Applying to participate as:

- Speaker
  - I am a pastor
  - I am a full time evangelist
  - I am a lay pastor or lay evangelist

Children's Ministry

Clinics (medical or dental)

Other \_\_\_\_\_

## Evangelism Resources and Equipment

Please indicate if you have the following evangelism supplies and equipment:

- Sermon presentations (notes and graphics)
- Laptop
- Projector

P.O. Box 642, Summerville, SC 29484; 843-771-9296