

# BLESSING THE CHILDREN INTERNATIONAL GROUP APPLICATION

*This form is for Groups interested in leading a team to Ethiopia, Africa, to work with Blessing the Children International. Completing this application will allow us to schedule your group and have the necessary contact information to effectively work with you.*

## CONTACT INFORMATION

Contact Person _____	Position _____
Address: _____ <small style="text-align: center;">STREET ADDRESS</small>	Phone (_____) _____ <small style="text-align: right;">BEST TIME TO CALL</small>
_____ <small style="text-align: center;">STREET ADDRESS ADDITIONAL (IF NEEDED)</small>	Cell (_____) _____ <small style="text-align: center;">OR OTHER NUMBER LIKE WORK</small>
_____ <small style="text-align: center;">CITY, STATE &amp; ZIP CODE</small>	Fax (_____) _____ <small style="text-align: right;">IF AVAILABLE</small>
Email _____ <small style="text-align: center;">PRIMARY</small>	Email _____ <small style="text-align: right;">ALTERNATE EMAIL (IF AVAILABLE)</small>

## ORGANIZATION/CHURCH INFORMATION

Name _____ <small style="text-align: center;">PRIMARY</small>	Type of Organization _____ <small style="text-align: right;">EXAMPLE: Church , Missions Organization</small>
Website _____ <small style="text-align: center;">IF AVAILABLE</small>	Senior Pastor _____ <small style="text-align: right;">IF CHURCH</small>
Address: _____ <small style="text-align: center;">STREET ADDRESS</small>	Phone (_____) _____ <small style="text-align: right;">BEST TIME TO CALL</small>
_____ <small style="text-align: center;">STREET ADDRESS ADDITIONAL (IF NEEDED)</small>	Cell (_____) _____ <small style="text-align: center;">OR OTHER NUMBER LIKE WORK</small>
_____ <small style="text-align: center;">CITY, STATE &amp; ZIP CODE</small>	Fax (_____) _____ <small style="text-align: right;">IF AVAILABLE</small>

## GROUP INFORMATION

Estimated Number of People Expected _____	1 <sup>st</sup> choice of dates: _____ <small style="text-align: center;">DEPARTURE                      RETURN</small>
Name of Team Leader: _____ <small style="text-align: center;">PERSON WHO WILL LEAD TEAM IN ETHIOPIA</small>	2 <sup>nd</sup> choice of dates: _____ <small style="text-align: center;">DEPARTURE                      RETURN</small>

Please mail this Group Application with a \$350 deposit. This non-refundable deposit will be applied to your group's trip expenses while in Ethiopia. Upon receipt of your application, our staff will contact you to confirm your dates and begin planning your trip. We will work with you to establish your trip cost based on expected travel expenses.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Blessing the Children International**  
2267 Fraser Road  
Kawkawlin, MI 48631

Email:  
[Groups@BlessingTheChildren.org](mailto:Groups@BlessingTheChildren.org)



**Toll Free: (888) 269-2719**  
Phone: (989) 667-8850

Website:  
[www.BlessingTheChildren.org](http://www.BlessingTheChildren.org)