

APPLICATION FORM

Please complete using block capitals

Surname (Mr,Mrs, Miss)	
First Name	
Date of Birth	(SA)
Address	
	Postcode
Telephone	Mobile
Email	The state of the s
Occupation/Studying	
I am a member of (Church)	
Team Applied For	
Dates	
	y problems? (Please give details)
Which musical instrument do yo	ou play?
Which languages do you speak	k2

mitted to sharing the Gospel of	
After prayerful consideration I a	pply to join the GLO Team as indicated:
SIGNED	DATE
1 1.	
For Completion By Church El	der/Secretary:
On behalf of the local church La	am happy to commend the person named over-
leaf to be involved in a GLO Or	
leaf to be involved in a GLO Ou	
leaf to be involved in a GLO Ou	
leaf to be involved in a GLO Ou	utreach Team.

Remember:

The funds to cover the cost of the team should be taken with you and given to the team leader on arrival.

If you are booking your own travel, please wait until you have received confirmation that you have a place on the team.

Please return to:

Stephen McQuoid GLO Centre 78 Muir Street Motherwell Scotland UK ML1 1BN



For further information:

T: 01698 263483 E: admin@glo-europe.org

www.glo-europe.org