



Greetings:

We are excited that you want to partner with Kentucky Youth Ministries on our upcoming Ambassadors in Missions (AIM) trip to Dominican Republic. AIM is a ministry program designed for you to participate in world missions and reach the lost by experiencing ministry firsthand. The dates for the trip are TENTATIVELY set for July 19-26th. It is possible that the trip date could change by leaving at day or two early or later so please keep this in mind.

By participating on an AIM trip, you will get the chance to work side-by-side with missionaries on the field and directly share in their ministries. It is our prayer that through hands-on, learning, that students and adults alike will be able to apply the passion and experience of an AIM outreach to their own neighborhoods and campuses. We will be working with one of our very own Kentucky Missionaries, Dawn Amsler. She sent this invitation:

"Kentucky students and leaders,

I invite you to join me here in the beautiful Dominican Republic in the summer of 2012! You'll have a chance to know and work with inspiring Dominican Master Commission students and King's Castle Ministry. Together, we will do outreaches that will impact children and youth through dramas, choreographies, clowns and gospel presentations. I believe this will be a life changing experience for you and for those waiting to hear the gospel. I am extremely excited for the opportunity to host a team from my home district." -Dawn

Your AIM price will include airfare, ground transportation, meals, trip supplies and curriculum, insurance, luggage, back pack, water bottle, 3 T-shirts, offering to missionaries, free day travel and entrance fees, and AIM Orientation weekend expenses. You will need money for the travel day meals and souvenirs. Please understand that trying to estimate trip prices 10 months in advance can be somewhat difficult. A change in the trip price may occur. The estimated total for this trip will be around \$1875.00

Here are the simple steps to getting accepted and processed for an AIM trip:

1. After receiving your application, fill it out and return it back to our office along with a non refundable deposit of \$175. Upon receiving your application, deposit, and reference forms back in our office, we can begin processing your request. If accepted, you will receive an acceptance letter from our office, and you can immediately start raising your support.
2. Because of the large amounts of expenses involved in an overseas AIM trip, money is due beginning in March. We have laid out a payment schedule for you of when money is due for the trip. It is necessary to purchase airline tickets as early as April. Once a ticket is purchased in your name, you are responsible for the full cost of the airline ticket, even if you back out of going on the trip. The due dates for funds are as follows:  
\$175 deposit with application; \$800 due March. 15th, 2012; \$450 due May 15th, 2012  
Balance due June 15h, 2012
3. You must immediately apply for your passport. It can take up to 2 months to receive it from the government. Passport information can be obtained at most local post offices. This is a must have for the trip, so please do not waste time in getting your passport! If you already have your passport make sure your passport number is on the application.

If you have any questions or concerns, please feel free to contact the office. My e-mail address is [kymsecretary@kyag.org](mailto:kymsecretary@kyag.org). Mail your completed application to Kentucky Youth Ministries; P.O. Box 959, Crestwood, KY 40014.

In Christ,

Jenna Lewis  
Administrative Assistant  
Kentucky Youth Ministries

# AIMER Application –Dominican Republic

## Instructions

- Complete the application. (Be sure to sign and date it.)
- Ask your parents to complete the parental consent form.
- Ask your senior pastor and two mature Christians to complete the reference forms and return them to your trip leader by the designated deadline. Provide the reference form and a self-addressed, stamped envelope.
- Return the application and the parental consent form to your trip leader.

Mail in the AIMER Application along with a non refundable deposit of \$175 to:

AIM, P.O. Box 959; Crestwood, KY 40014

## Personal Information

Full Legal Name \_\_\_\_\_  
(last, first, middle)

*\*Name listed above MUST be the name listed on your passport. The name on your airline ticket MUST match the name on your passport! You will be responsible to purchase a new ticket if the name on this form does not match your passport.*

Passport number \_\_\_\_\_ (If you do not have your passport number yet, please leave this blank)

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Birth date (m/d/y) \_\_\_\_\_ Age \_\_\_\_\_

Birthplace \_\_\_\_\_ State \_\_\_\_\_

Occupation \_\_\_\_\_

E-mail address \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

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

## Family Information

Father's name \_\_\_\_\_  
(last, first)

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Mother's name \_\_\_\_\_  
(last, first)

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Do you live with both parents?  Yes  No If no, explain. \_\_\_\_\_

Are both your parents active in church?  Yes  No Explain. \_\_\_\_\_

## Educational Information

1. How many years of schooling have you completed? \_\_\_\_\_

2. If you speak a foreign language, how many and which one(s)? \_\_\_\_\_

How fluent? \_\_\_\_\_

3. Please list any awards, honors, and achievements \_\_\_\_\_

4. Special skills, abilities, or musical talents \_\_\_\_\_

## Health Information

1. Are you in good physical health?  Yes  No If no, explain. \_\_\_\_\_

2. Do you have any physical handicaps?  Yes  No If yes, explain. \_\_\_\_\_

3. Will you be willing to eat whatever food you are served?  Yes  No If not, please explain. \_\_\_\_\_

4. Do you have any known allergies?  Yes  No If yes, explain. \_\_\_\_\_

5. Are you currently taking medications?  Yes  No If yes, please list. \_\_\_\_\_

### Spiritual Information

1. Please check all that apply to you personally:

- Conversion (Date \_\_\_\_\_)       Water baptism (Date \_\_\_\_\_)  
 Baptism in the Holy Spirit (Date \_\_\_\_\_)

2. Please describe your involvement in your local church. \_\_\_\_\_  
\_\_\_\_\_

3. Why do you want to participate in an AIM outreach? \_\_\_\_\_  
\_\_\_\_\_

4. How did you learn about AIM? \_\_\_\_\_

### AIM Experience Information

1. Have you ever participated in an AIM outreach?     Yes     No

2. If yes, what year(s) did you participate? \_\_\_\_\_  
\_\_\_\_\_

3. Where did you go? \_\_\_\_\_  
\_\_\_\_\_

### Reference Information

(Please fill out each section completely. The references cannot be relatives.)

Senior pastor \_\_\_\_\_

Youth pastor \_\_\_\_\_

Church name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church E-mail address \_\_\_\_\_

How long have you known your pastors? \_\_\_\_\_ Church phone (\_\_\_\_) \_\_\_\_\_

Mature Christian \_\_\_\_\_ Years acquainted \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mature Christian \_\_\_\_\_ Years acquainted \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I certify that all the above information is true and I have answered each question completely and honestly. I also understand my application will be sent to a screening committee for approval and my \$100.00 application fee is nonrefundable.

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

Parental signature \_\_\_\_\_

Print name \_\_\_\_\_

Relation to student \_\_\_\_\_ Date \_\_\_\_\_

# Insurance Election

(For those under the age of 18)

I am aware of the hazards and risks to my child associated with serving in a mission's capacity, as described above. I further understand that AIM currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, that these coverage's are subject to change, and that I am responsible for obtaining any additional insurance coverages that I consider necessary:

- \$1,000,000 foreign liability insurance
- \$1,000,000 foreign contingent auto liability insurance
- \$1,000,000 employer's liability
- Foreign worker' compensation coverage
- \$50,000 per person accidental medical and sickness coverage
- \$250,000 per policy year medical assistance including:
  - Emergency medical evacuation
  - Medically supervised repatriation
  - Repatriation or mortal remains

Initial \_\_\_\_\_ date \_\_\_\_\_

Please select one of the following:

- I do not desire any additional insurance coverage other than what AIM currently provides.
- I do desire additional insurance coverage, and will assume full responsibility for obtaining such coverage from a private insurance carrier at our expense.

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

**IMPORTANT:** Please have two witnesses observe your signature(s), and sign below. They must be at least 18, and must not be relatives.

Witness signature #1 \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Witness signature #2 \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# Assumption of Risk

(For those 18 & older)

I, \_\_\_\_\_ (name of volunteer), in consideration of my acceptance as a short-term volunteer with Ambassadors in Mission (AIM) of National Youth Ministries of the General Council of the Assemblies of God, represent and agree that: 1. I am a volunteer worker and acknowledge that I am not an employee of AIM, National Youth Ministries of the Assemblies of God or the General Council of the Assemblies of God. 2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to the insurance coverages described below, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize such risks have always been associated with missionary service. 3. I attest and certify that I have no medical conditions that would prevent me from performing my duties. 4. Subject to insurance coverages described below, I waive and release any and all claims for damages which I, or my heirs or successors, may have against AIM, National Youth Ministries of the Assemblies of God, the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church sponsoring the AIM trip, or any agent or employee of any of such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment. 5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as their parent and legal guardian, and subject to the insurance coverages described below, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above. 6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid, and binding obligation upon me enforceable against me in accordance with its terms. 7. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I have carefully read the foregoing assumption of risk and understand its contents, and I voluntarily sign this release of my own, free act.**

Initial \_\_\_\_\_ date \_\_\_\_\_

# Parental Consent Form Dominican Republic

*(For those 18 and under)*

Parents and legal guardians of minor children must complete this form and return it to your trip leader. The information requested is designed to assist the church in providing for the safety of minors during church sponsored activities.

Child's name \_\_\_\_\_

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Child's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (        ) \_\_\_\_\_

## Medical Questionnaire

1. Is your child presently being treated for an injury or sickness or taking any form of medication for any reason?

Yes  No If yes, explain and list any medications. \_\_\_\_\_

\_\_\_\_\_

2. Is your child allergic to any type of medication?  Yes  No

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

3. Does your child medically require a special diet?  Yes  No

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

4. Does your child have (or has ever had) any of the following: (check all that apply and explain below)

Seizures  Asthma  Heart murmur

Diabetes  Hay Fever  Kidney disease

Other \_\_\_\_\_

Explain \_\_\_\_\_

\_\_\_\_\_

5. Does your child have any allergies?  Yes  No

If yes, explain and list medications. \_\_\_\_\_

\_\_\_\_\_

6. Has your child ever sleep walked?  Yes  No

7. Can your child swim?  Yes  No

8. Does your child have any physical condition or illness, which would prevent him/her from participating in normal, rigorous

activity?  Yes  No If yes, explain. \_\_\_\_\_

\_\_\_\_\_

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Medical Treatment Authorization**

We understand that we will be notified in the case of a medical emergency involving our child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event our child is injured or becomes ill. We authorize any adult leader participating on this trip or any Assemblies of God missionary to make emergency medical care decisions on behalf of our child, if required by law or a health care provider. We understand that the national AIM office, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

We agree to notify the church in the event of any health changes, which would restrict our child's participation in any activities. We also understand that the adult church representatives reserve the right to restrict our child from any activity that they do not feel is within the physical capabilities of my child.

Home phone ( ) \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Contact phone number ( ) \_\_\_\_\_

Family doctor \_\_\_\_\_

Doctor's phone number ( ) \_\_\_\_\_

Child's insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Consent**

I (We), the undersigned, being the parent(s) or legal guardian(s) of the child named above, do hereby consent to the participation of my (our) child in an AIM trip during (year), including swimming, boating, hiking, sports events, and any other activities customarily associated with an AIM trip. Further, I (we) certify my (our) child is physically able to and adequately trained to participate in such events, including swimming.

I (We) do not authorize our child to participate in any of the following activities \_\_\_\_\_

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Insurance Election**

I am aware of the hazards and risks to my child associated with serving in a mission's capacity, as described above. I further understand that AIM currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, that these coverage's are subject to change, and that I am responsible for obtaining any additional insurance coverages that I consider necessary:

- \$1,000,000 foreign liability insurance
- \$1,000,000 foreign contingent auto liability insurance
- \$1,000,000 employer's liability
- Foreign worker' compensation coverage
- \$50,000 per person accidental medical and sickness coverage
- \$250,000 per policy year medical assistance including:
  - Emergency medical evacuation
  - Medically supervised repatriation
  - Repatriation or mortal remains

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Please select one of the following**

- I do not desire any additional insurance coverage other than what AIM currently provides.
- I do desire additional insurance coverage, and will assume full responsibility for obtaining such coverage from a private insurance carrier at our expense.

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Signatures of Parents /Guardians**

Signature \_\_\_\_\_  
Print name \_\_\_\_\_  
Date \_\_\_\_\_  
Signature \_\_\_\_\_  
Print name \_\_\_\_\_  
Date \_\_\_\_\_

**IMPORTANT:** Please have two witnesses observe your signature(s), and sign below. They must be at least 18, and must not be relatives.

**Witness signature** \_\_\_\_\_  
Print name \_\_\_\_\_  
Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Witness signature** \_\_\_\_\_  
Print name \_\_\_\_\_  
Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Notary Public \_\_\_\_\_ (print)  
\_\_\_\_\_ (signature)

My commission expires \_\_\_\_\_

**\*Please make sure to have the notary SEAL this document.**

# Pastoral Recommendation — Student (Dominican)

**This section is to be completed by the applicant (please print):**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone (\_\_\_\_) \_\_\_\_\_

*This section is to be completed by the person who is referring the leader:*

## A note from AIM

The above named person is applying for a short-term mission trip through the Assemblies of God—Ambassadors In Mission (AIM). Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our AIM program. We appreciate your candor; please know your insight will be kept confidential. Please use the included self-addressed, stamped envelope to return the form to the trip leader. If you are related to the applicant, this evaluation should come from another responsible person in ministry. Thank you for your assistance.

## Personal Information

1. How long have you known the applicant? \_\_\_\_\_
2. How well do you know the applicant? (please check)     slightly     casually     well     very well
3. Do you believe the applicant is a committed Christian? \_\_\_\_\_
4. To what extent is the applicant involved in your church?     no involvement     slightly involved     involved     very involved
5. What special talents has he/she shown? \_\_\_\_\_
6. What leadership abilities has he/she shown? \_\_\_\_\_
7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs?     Yes     No  
 If yes, please explain. \_\_\_\_\_
8. Do you know any reason why the applicant wouldn't be suitable to participate on an AIM trip?     Yes     No  
 If yes, please explain. \_\_\_\_\_

**Please rate the applicant in the following areas.**

Category	Excellent	Good	Fair	Poor	Comments
Christian life					
Social adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachability					
Motivation					
Emotional stability					
Personal appearance					
Health					
Attitude toward authority					

**Knowing the applicant as you do what recommendation would you make?** (Please select one.)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pastor's Information**

Name \_\_\_\_\_  
Church \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Phone number (\_\_\_\_) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

(Please mail to Kentucky Youth Ministries Box 959 Crestwood, Ky 40014)

# Mature Christian Reference — Student (Dominican)

This section is to be completed by the applicant (please print):

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (     ) \_\_\_\_\_ Day Time Phone (     ) \_\_\_\_\_

*The following section is to be completed by the person who is referring the student:*

**A note from AIM** The above-named person is applying for a short-term mission trip through the Assemblies of God—Ambassadors In Mission (AIM) office. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our AIM program. We appreciate your candor; please know your insight will be kept confidential. Please use the included self-addressed, stamped envelope to return the form to the trip leader. If you are related to the applicant, this evaluation should come from another responsible person. Thank you for your assistance.

1. How long have you known the applicant? \_\_\_\_\_
2. How well do you know the applicant? (please check)  
 slightly  casually  well  very well
3. Do you believe the applicant is a committed Christian? \_\_\_\_\_
4. To what extent is the applicant involved in your church?  
 no involvement  slightly involved  involved  very involved
5. What special talents has he/she shown? \_\_\_\_\_  
 \_\_\_\_\_
6. What leadership abilities has he/she shown? \_\_\_\_\_  
 \_\_\_\_\_
7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs?  Yes  No  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_
8. Do you know any reason why the applicant wouldn't be suitable to participate on an AIM trip?  Yes  No  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

**Please rate the applicant in the following areas.**

Category	Excellent	Good	Fair	Poor	Comments
Christian life					
Social adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachability					
Motivation					
Emotional stability					
Personal appearance					
Health					
Attitude toward authority					

*Mature Christian Reference continued*

**Knowing the applicant as you do what recommendation would you make?** (Please select one.)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference Information**

Name \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (     ) \_\_\_\_\_ Day Time phone (     ) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Please mail to Kentucky Youth Ministries Box 959 Crestwood, Ky 40014)

# Mature Christian Reference — Student (Dominican)

This section is to be completed by the applicant (please print):

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (      ) \_\_\_\_\_ Day Time Phone (      ) \_\_\_\_\_

*The following section is to be completed by the person who is referring the student:*

**A note from AIM** The above-named person is applying for a short-term mission trip through the Assemblies of God—Ambassadors In Mission (AIM) office. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our AIM program. We appreciate your candor; please know your insight will be kept confidential. Please use the included self-addressed, stamped envelope to return the form to the trip leader. If you are related to the applicant, this evaluation should come from another responsible person. Thank you for your assistance.

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4. To what extent is the applicant involved in your church?  
 no involvement  slightly involved  involved  very involved
5. What special talents has he/she shown? \_\_\_\_\_  
 \_\_\_\_\_
6. What leadership abilities has he/she shown? \_\_\_\_\_  
 \_\_\_\_\_
7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs?  Yes  No  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_
8. Do you know any reason why the applicant wouldn't be suitable to participate on an AIM trip?  Yes  No  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

**Please rate the applicant in the following areas.**

Category	Excellent	Good	Fair	Poor	Comments
Christian life					
Social adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachability					
Motivation					
Emotional stability					
Personal appearance					
Health					
Attitude toward authority					

*Mature Christian Reference continued (Dominican)*

**Knowing the applicant as you do what recommendation would you make?** (Please select one.)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference Information**

Name \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (     ) \_\_\_\_\_ Day Time phone (     ) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Please mail to Kentucky Youth Ministries Box 959 Crestwood, Ky 40014)