

2013 LONDON Project

Application Form 16th June - 11th August

Please completely fill out all requested information and return this form by Monday, April 1, 2013

Personal Details

First Name:

Last Name:

Age (Minimum 14 Years)

Gender:

Male Female

Marital Status:

Single Married

Postal address:

City:

State/Province:

Postcode:

Country:

Telephone (Including Country Code)

E-mail address

I am applying for the following responsibility (please check one):

Canvasser Canvassing Team Leader Bible Worker Head Cook Cook General Assistance

I am planning to participate in the International Youth Convention in Hungary, August 12-18, 2013

About Me

Use additional sheet of paper for your answers if needed (recommend more details).

1. Please describe your past and present religious experience (background and brief testimony).

2. Please tell us why you would like to participate in the program.

3. Explain any experience you have connected to the responsibility you are applying for.

Conditions and Commitment

I understand the following conditions apply to participate in the program.

I will be responsible for my own travel costs, including visas, to and from London, England.

If under age 18, a parent or guardian must complete and sign the authorization below.

If aged 14-16, and not attending with a parent or guardian, a responsible person appointed by my parent or guardian must accompany me.

Commitment:	I am willing, by the grace of the Lord, to comply with the rules (basic rules are on info page) of the program and to be in attendance to the entire program from June 16-August 11, 2013
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Signature of Applicant

Parent / Guardian Permission

I understand the following conditions apply to participate in the program.

I hereby give permission to the applicant named above to participate in the program described herein:

Full name of Parent or Guardian:

Relationship to applicant:

Full name of responsible person (if applicable):

Signature of parent or guardian

Signature of responsible person (if applicable)

Recommendation

Required for all participants. To be completed by SDA Reform Movement minister or elder.

I _____ minister /elder in
Field / Union, have read the above, am in wholehearted agreement, and recommend that
attend the program described herein.

Signature of Minister or elder (required)

Application Submission

Please mail or fax your completed application to:

London Project
SDA Reform Movement
P.O. Box 7240
Roanoke, VA 24019 USA

Fax: 1-540-366-2814

*Note: any questions about the application form or the program
should be directed to Peter D Lausevic by phone at +1 540 352 4367
or via Email to plausevic@sdarm.org*

Additional comments or notes: