2018

Native American Missions Application for Youth

(Youth를 위한 참가 신청서 및 보호자 동의서) Parental Consent Registration form for Youth) 선교접수문의 / Contact: 김기호 목사 (646-763-4211) or Rev. Samuel Lee (917-648-6659)

이 등 한편 (Korean)				Pers	onal Inforn	nation (フ	#인)				
생선원일(D.O.B) 나이(Age): 출생지(Birth place) 후 소 Street (Address) City State Zip Code 화 년 (Address) 인 이 전 (Grade) Location: (Hobby) 인 이 (Special Skill) 경착매일 (e-mail) 출석교회(Home Church) Medical Information (일로) Does you/your child have a health insurance? Yes() / No() 자네의 건강 보험이 있습니까? 예 / 아니요 건강보험 회사 이름: Insurance Company 의사이를 Doctor's Name 전화번호 Phone # Parental Information (부모 혹은 보호자) 청명 작(Father) (Name) 포(Mother) 보호자: (Name) 보였어라면) 보호자: (Name) 보였어라면) Emergency Phone # () - () - () - Liabilities Release Confirmation (주의사항) 본 교회에 신교반체 소속 스레프 전문은 게이의 자니들의 전원을 위해 가신을 다할 것을 다양하며, 단기전교 기간 전 과장 중에 본인 설봇으로 인해 발생하는 모든 문제에 대해서는 제외시가 되었습니다. 부모님들의 양해가 동의를 바랍니다. The staff of this church and missions organization will do their best to assure all possible safety measure for you and your child while in Short-term missions, However, the church and the missions' organization and ruis staff. 부모님들의 대한 1 대해 1 대해 1 대체 1 대체 1 대체 1 대체 1 대체 1 대체	이 름	한글			영문			성별	()남(M)		
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