

ITINERARY FOR REACHING ROMANIA 2024

July 15-25, 2024

07/15 Travel to Romania
07/16 Arrival in Romania
07/17 Free Day to Rest/Planning Sessions
07/18-07/20 Medical and Eyeglass Clinics/
Evangelism/VBS/Ladies Conferences/
Construction
07/21 Worship with Romanian Christians
07/22-7/23 Medical and Eyeglass Clinics/
Evangelism/VBS/Ladies Conferences/
Construction/VICTORY BANQUET
07/24 Sightseeing of Historic Romania or rest
07/25 Depart Bucharest and arrive in USA

TOTAL COST OF THE MISSION:

\$3,395.00*

out of Jackson, Mississippi

(other cities available upon request)

Payment schedule as follows:

**\$2,000 DEPOSIT – due with application
needed to purchase airline tickets before
any price increase**

Balance due by June 1, 2024

***This price includes roundtrip airfare, based on airfare
as of 02/26/24, subject to increase if airfare increases;
hotel; all night meals except three nights; Gallagher
Insurance Company insurance; and other expenses of
the mission**

DEPOSIT DEADLINE --ASAP

**\$200.00 OF INITIAL DEPOSIT IS NON-REFUNDABLE. ANY REFUNDS
WILL BE BASED ON HOTEL CANCELLATION CHARGES AND
AIRLINE CANCELLATION FEES. NO REFUNDS CAN BE GIVEN 45
DAYS OR LESS FROM DEPARTURE. PRICE IS BASED ON DOUBLE
OCCUPANCY. IF SINGLE ROOM DESIRED OR NECESSARY, THERE
IS AN ADDITIONAL CHARGE OF \$250 PER PERSON.**

Reaching Romania 2024

July 15-25, 2024

**GARY BOWLIN EVANGELISTIC
ASSOCIATION, INC.**

Post Office Box 869

Summit, MS 39666

Telephone: (601) 810-0810

or (601) 810-5768

E-Mail: garybowlin@bellsouth.net

Web Address:

www.garybowlin.com



REACHING ROMANIA 2024 APPLICATION FORM

July 15-25, 2024

Name: _____
Last First Middle

Name Which You Would Like to Be Called: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

E-mail: _____

Exact name as it appears or will appear on your passport: _____

Passport Number: _____ Expiration Date: _____

Profession: _____

Citizenship: _____ Marital Status Single Married

Date of Birth: _____ Place of Birth: _____

How long have you been a Christian? _____

Your Church Membership (Church name and location): _____

_____ How long a member of that Church? _____

In what areas are you active in your Church? _____

Do you have any missionary experience? Yes No

If so, please describe: _____

In what area(s) do you feel you would best be of service in Romania?

Physician Dentist Nurse Nurse Practitioner Medical Assistant

Pharmacist Pharmacy Tech or Assistant VBS Worker Preaching

Witnessing Singing Ladies Conference Construction Other _____

Departure Airport - Jackson, MS: _____ Other: _____

If available, do you need and want scholarship assistance? Yes No

If you are wanting scholarship assistance, have you completed Sentinel Security

Training? Yes No. Or you have registered for Sentinel Security

Training at _____ (place) on _____ (date).

EMERGENCY INFORMATION - Who to notify in case of an emergency:

Name: _____

Relationship: _____

Address: _____

Telephone Number(s) of Contact Person: Home: (____) _____

Work: (____) _____ Cell: (____) _____

Please list any drug or other allergies: _____

Do you prefer to have a roommate? Yes No

If known, name of roommate: _____

or I prefer a single room (single room surcharge is \$250.00 additional)

FILL OUT THIS FORM AND MAIL WITH YOUR \$2,000.00 DEPOSIT TO:

GARY BOWLIN EVANGELISTIC ASSOCIATION, INC.

P. O. BOX 869

SUMMIT, MS 39666