ITINERARY FOR REACHING ROMANIA 2024

<u>July 15-25, 2024</u>

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

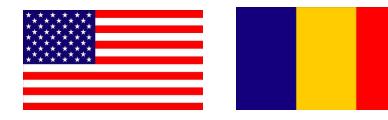
Summit, MS 39666

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		
Permanent Address:		
City:	State:	Zip:
Phone: Home: () E-mail:		Cell: ()
Exact name as it appears or will		-t:
		n Date:
Profession:		
Citizenship:	Marital	Status [] Single [] Married
Date of Birth:	_ Place of Birth:	
How long have you been a Christ	tian?	
Your Church Membership (Church	:h name and location): .	
		that Church?
In what areas are you active in y	our Church?	
Do you have any missionary experies of please describe:		
[] Pharmacist [] Pharmacy To [] Witnessing [] Singing [] I Departure Airport - Jackson, MS If available, do you need and wa] Nurse [] Nurse Pracech or Assistant [] VEL Ladies Conference [] : Other: ant scholarship assistance	actitioner [] Medical Assistant BS Worker [] Preaching Construction [] Other ce? [] Yes [] No
	No. Or you have registe (place) on	ered for Sentinel Security (date).
EMERGENCY INFORMATION - Who Name:	o to notify in case of an	emergency:
Relationship:		
Address:		
Telephone Number(s) of Contact	t Person: Home: ()	
Work: ()	Cell: ()	
Please list any drug or other alle	ergies:	
Do you prefer to have a roomma		
If known, name of roommate: _		
or [] I prefer a single room (sin	ngle room surcharge is !	250.00 additional)
FILL OUT THIS FORM AND MAIL V	-	· · · · · · · · · · · · · · · · · · ·
GARY BOWL	IN EVANGELISTIC ASSOC	CIATION, INC.
	$D \cap D \cap V \cap A \cap A$	

P. O. BOX 869 SUMMIT, MS 39666