ITINERARY FOR REACHING ROMANIA 2025 June 30 – July 10, 2025

06/30 Travel to Romania 07/01 Arrival in Romania

07/02 Free Day to Rest/Planning Sessions

07/03-07/05 Medical and Eyeglass Clinics/

Evangelism/VBS/Ladies Conferences/

Construction

07/06 Worship with Romanian Christians

07/07-07/08 Medical and Eyeglass Clinics/

Evangelism/VBS/Ladies Conferences/ Construction/VICTORY BANQUET

07/09 Sightseeing of Historic Romania or rest 07/10 Depart Bucharest and arrive in USA

COST OF THE MISSION:

\$1,500.00 plus cost of airfare (determined at time of ticketing)*

Payment schedule as follows:

\$2,250 DEPOSIT – due with application needed to purchase airline tickets Balance due by June 1, 2024

*This price includes hotel; all night meals except three nights; Gallagher Insurance Company insurance; and other expenses of the mission

DEPOSIT DEADLINE --ASAP

\$250.00 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 \$300 PER PERSON.

Reaching Romania 2025

June 30-July 10, 2025

GARY BOWLIN EVANGELISTIC ASSOCIATION, INC.

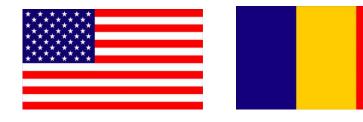
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Telephone: (601) 810-0810

or (601) 810-5768

E-Mail: garybowlin@bellsouth.net

Web Address: www.garybowlin.com



REACHING ROMANIA 2025 APPLICATION FORM June 30-July 10, 2025

Name:	
Last First	Middle
Name Which You Would Like to Be Called:	
Permanent Address:	
City: Sta	te: Zip:
Phone: Home: () Work: () Cell: ()
Exact name as it appears or will appear on your passport:	
Passport Number:	
Profession:	
Citizenship: Place of Birth: Place of Birth	Marital Status [] Single [] Married
Date of Birth: Place of Birth	th:
How long have you been a Christian?	
Your Church Membership (Church name and l	ocation):
	nember of that Church?
In what areas are you active in your Church?	
Do you have any missionary experience? [] If so, please describe:	
In what area(s) do you feel you would best be [] Physician [] Dentist [] Nurse [] [] Pharmacist [] Pharmacy Tech or Assistate [] Witnessing [] Singing [] Ladies Confer Departure Airport - Jackson, MS: Of available, do you need and want scholarship If you are wanting scholarship assistance, have Training? [] Yes [] No. Or you have Training at (place EMERGENCY INFORMATION - Who to notify in the second content of th	Nurse Practitioner [] Medical Assistant nt [] VBS Worker [] Preaching rence [] Construction [] Other bther: passistance? [] Yes [] Now re you completed Sentinel Security ave registered for Sentinel Security e) on (date).
Name:	case or an emergency.
Relationship:	
Address:	
Telephone Number(s) of Contact Person: Hom	ne: ()
• • • • • • • • • • • • • • • • • • • •	ell: ()
Please list any drug or other allergies:	, <u> </u>
Do you prefer to have a roommate? [] Yes	[] No
If known, name of roommate:	<u> </u>
or [] I prefer a single room (single room surfill OUT THIS FORM AND MAIL WITH YOUR \$2 GARY BOWLIN EVANGELIS	2,250.00 DEPOSIT TO: STIC ASSOCIATION, INC.

P. O. BOX 869 SUMMIT, MS 39666