

## **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.**

**Post Office Box 869**

**Summit, MS 39666**

**Telephone: (601) 810-0810**

**or (601) 810-5768**

**E-Mail: [garybowlin@bellsouth.net](mailto:garybowlin@bellsouth.net)**

**Web Address:**

**[www.garybowlin.com](http://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: \_\_\_\_\_ 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 \$300.00 additional)

**FILL OUT THIS FORM AND MAIL WITH YOUR \$2,250.00 DEPOSIT TO:**

**GARY BOWLIN EVANGELISTIC ASSOCIATION, INC.**

**P. O. BOX 869**

**SUMMIT, MS 39666**