

Pastoral Recommendation Form

Name _____

Church _____

Church Address _____

Phone # _____

Name of Applicant for trip _____

Faithful Member? Yes__ No __ Do you recommend? Yes__ No__

Applicant's service in church and strengths _____

Anything else that we should know _____

Pastor's or Youth Pastor's Signature _____

Please fill out and return to: GPA Youth Missions PO Box 162 Prichard, WV 25555