

Name of Applicant:

RECOMMENDATION FOR SUBSIDY REQUEST *

(To be filled in by a church leader or pastor for applicants who are not CMC members.)

a. Why would you recommend the applicant for this trip?

b. Leader/Pastor Name: _____

Care Group/Ministry: _____

Signature of Applicant

Date:

Signature of Leader/Pastor

Date:

*Full payment must be made upon submission of this Subsidy Request form.

Cheque paid to CHRIST METHODIST CHURCH, please indicate the Mission Trip behind the cheque.
Please mail cheque to Christ Methodist Church, 597 East Coast Road S(429082) or submit to info counter on Sunday.