Sight Ministries International, Inc.

1701 Northpark Drive, Suite 7, Kingwood, Texas 77339 • www.SightMinisties.org

MISSION TEAM SPONSORSHIP INFORMATION

PLEASE PRINT **Date** _____

I. Team Coordinator Information

Name:	Preferred Name:	
Address:		
City:	State:	Zip Code:
Primary Telephone:	Secondary Telephone:	
Email Address:		
Position Within Sponsoring Organization:		

II. Church/Organization Information

Name of Organization:		
Address:		
City:	State:	Zip Code:
Telephone:	Web Site (if applicable):	
Religious Affiliation:		

Does Church/Organization and potential mission trip participants subscribe to the following?

1. The sole basis of belief is the Bible, God's infallible written Word, the 66 books of the Old and New Testaments.
2. The Bible was uniquely and fully inspired by the Holy Spirit and that it was written without error (inerrant) in the original autographs.
3. The Bible is the supreme and final authority in all matters on which it speaks.

☐ Yes ☐ No

III. Mission Trip Information

Desired Trip Location:		
Desired Date For Trip:		
Anticipated Number of Team Participants:		
If there are specific Mission Leaders you would like to support, please complete the following		
Name of Mission Leader:		
Religious Affiliation:	Time in Location:	
Do the Mission Leaders subscribe to the tenets listed in section II?		☐ Yes ☐ No

How will SMI eye care clinics support the ministry of the Mission Leader?

_____
_____
_____
_____
_____

Please describe anticipated travel itinerary and accommodations:

_____
_____
_____
_____
_____

Please submit completed form via US mail or email to info@sightministries.org