

Victory Outreach Sydney 2023 Invasion Application

Return to: 32 Broomfield St Cabramatta, NSW, Australia 2166 or email to admin@vosydney.org

Personal Information

| Last Name: | First Name: | |
|---|---|--------------------|
| Address: | City: | |
| State: Zip Code | e: Date of Birth: | |
| Email: | | |
| Tel/Cell: | Gender: Male / Fer | nale |
| Nationality: | Marital Status (Circle one): Married Engage | ed Divorced Single |
| Church: | T-Shirt Size: | |
| Ministry Experience | | |
| A. How long have you been | saved? | |
| B. Did you go through the Re | ecovery Home? | |
| C. Which ministries are you | involved in? (Please list) | |
| D. Have you taken or curren | tly part of VETI? | |
| E. Have you been a UTC stu | udent? | |
| Other Information | | |
| diabetes) that require specia | disease, or handicap (like allergies, al facilities? ain: | |
| b) Are you taking any medica Yes / No If Yes please explai | ation? in: | |
| c) Do you have any serious o Yes / No If Yes please list: | criminal convictions? | |
| conference? | that may hinder you during this | |
| | of your spiritual growth: | |
| f) What do you expect from t | | |

Additional Information

What is the cost?

OPTION 1: 2 weeks - Nov 1-14th \$800 USD (\$150 Non-Refundable deposit) Depart Aug. 30th-Arrive Nov 1

OPTION 2: 1 week - Aug. 7th-14th \$600 USD (\$150 Non-Refundable deposit) Depart Nov 5/6th-Arrive Aug. 7th/8th

If for any reason you need to travel on a different date, please confirm with administration first.

(Contact administration for a payment plan)

What does this cover?

Housing, Breakfast & Dinner, Transportation, Invasion T-shirt, Transportation to and from airport & Sightseeing Day.

DEPOSIT DUE ASAP

FINAL PAYMENT OF CRUSADE FEE DUE: October 21st, 2023 PayPal Payments: Victory Outreach Australia

What you need to bring:

- o Valid Passport (send a copy of passport with application)
- o Apply for Visitor Visa Online: Subclass 601 Electronic Travel Authority at https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/electronic-travel-authority-601
- o Personal spending money (Most ATM & Credit Cards work)
- o Church clothes, walking shoes & evangelism t-shirts.
- o Sleeping bags/blankets, pillows, towels & personal toiletries.
- o An international power converter adapter (240v) (if required)

<u>Pastoral Reference</u> (Pastors please fill out this section)

Please attach a reference letter on how you feel about this applicant coming on a short missions trip

| Last Name: | First Name: |
|------------------------------------|------------------------------------|
| Church Name: | |
| Position: (circle one) Senior Past | or/ Associate Pastor/ Lay minister |
| Email: | • |
| Signature: | Date: |



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN (All information will remain confidential)

| Name on Card: | | | | |
|------------------------|----------------|-----------------------|------------------|----------------------|
| Billing Address: | | | | |
| Credit Card Type: | | | | AmEx |
| Credit Card Number: | | | | |
| Expiration Date: | | | | |
| Card Identification Nu | ımber: | (last 3 digits loc | ated on the bac | k of the credit card |
| Amount to Charge: \$ | · | (USD) | | |
| I authorize | | to cha | rge the amount | listed above to the |
| credit card provided h | nerein. I agre | ee to pay for this pu | ırchase in accor | dance with the |
| issuing bank cardhold | der agreeme | nt. | | |
| Cardholder – Please | Sign and Da | ite | | |
| Signature: | | | | |
| Date: | | | | |
| Print Name: | | | | |
| Return the completed | l and signed | form to the following | ng: | |
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