

FTTT Guided Tour Application Form

Applicant's Church: The Church in _____	Contact: _____ (Brother/Sister)	Contact number (mobile/home)/Email:
Expected number of people at tour: ___ (___ new believer(s) saved within one year) Number by age groups: _____ elderlies _____ middle-age _____ young working saints _____ college students _____ teenagers _____ children		
Proposed tour date:	Proposed time <input type="checkbox"/> AM 11:30~12:30 <input type="checkbox"/> Others __:__ ~__:	
Disabilities (requiring elevator) <input type="checkbox"/> No <input type="checkbox"/> Yes:___ people	Remarks	
Signature of the local responsible brother: Date:		
In order to arrange the guided-tour, please submit the application form <u>one week prior to the proposed tour date</u> to twnfitt@gmail.com Contact number (02)2321-4644		
FTTT trainer sign-off/approval signature: Date:		