



Grace Dental and Medical Missions, Inc.

635 Methuen St., Dracut, MA 01826, 978-454-6710

Request for Evangelistic Clinic

Date _____

Name _____

Address _____

Phone _____ E-Mail _____

Mission Board _____

Suggested dates for visit _____

Approximate cost of travel to location _____

Name of local (US) contact person _____

Phone _____ Email _____

Name of field contact person _____

Phone _____ Email _____

Is there a need or desire for us to treat missionaries? _____ nationals? _____

What we require of the sponsoring missionary/mission:

Help with travel arrangements – e.g. Visa applications, immunizations needed, etc.

Help with obtaining dental license (if necessary)

Help with mechanical/electrical needs

All in country transportation costs
All in country room and board costs
If possible, help with cost of transportation to the field

What Grace Dental and Medical Missions, Inc. will be responsible for:
Cost of transportation to the field
Dental and medical supplies and equipment needed for ministry

The undersigned, on behalf of the above named mission agency, agrees to the above requirements and acknowledges without mental reservation agreement with the doctrinal and position statements of Grace Dental and Medical Missions, Inc.

Signature

Name (please print)

Office