



**Juventud con Una Misión  
Heredia – Costa Rica**

**YWAM TEAM APPLICATION**  
**HEREDIA, COSTA RICA**

**Name of the church/organization:** \_\_\_\_\_

**Name of the leader:** \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_ Fax number: \_\_\_\_\_

**Dates of the outreach in Costa Rica:**

Arrival date (day/month/year): \_\_\_\_\_ Flight number: \_\_\_\_\_

arrival time: \_\_\_\_\_

Departure date (day/month/year): \_\_\_\_\_ departure time: \_\_\_\_\_

**Please mark three of the ministry options that your team is most interested in:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Worship                        | <input type="checkbox"/> Children's ministry     | <input type="checkbox"/> Pregnant teenagers / young mothers |
| <input type="checkbox"/> Intercession                   | <input type="checkbox"/> Sports ministry         | <input type="checkbox"/> Open air evangelism                |
| <input type="checkbox"/> Teaching                       | <input type="checkbox"/> Music ministry          | <input type="checkbox"/> Construction                       |
| <input type="checkbox"/> Base support                   | <input type="checkbox"/> Drama                   | <input type="checkbox"/> Youth Ministry                     |
| <input type="checkbox"/> Community Service              | <input type="checkbox"/> Door to door evangelism | <input type="checkbox"/> School visits                      |
| <input type="checkbox"/> Feeding                        | <input type="checkbox"/> Discipleship            |   |
| <input type="checkbox"/> Other (please describe): _____ |  |   |

\_\_\_\_\_  
\_\_\_\_\_

**What is your team's goal and vision for this outreach? What has God put on your heart?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list each person coming with your team:**

(Use extra pages if needed)

NAME	AGE	SEX M/F	PROFESSION/ TALENT/ABILITY	OTHER INFORMATION
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

TOTAL NUMBER OF PARTICIPANTS: \_\_\_\_\_

TOTAL NUMBER OF MALES: \_\_\_\_\_

TOTAL NUMBER OF FEMALES: \_\_\_\_\_

MARRIED COUPLES WITHOUT CHILDREN: \_\_\_\_\_

FAMILIES WITH CHILDREN: \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION AT THE LATEST 2 MONTHS BEFORE  
THE ARRIVAL OF YOUR TEAM.**

E-mail: [m.a.herediacr@hotmail.com](mailto:m.a.herediacr@hotmail.com), regular mail: PO Box 1444 – 3000 Heredia, Costa Rica, Central America.