

MVERN Sablino Reunion Tour  
August 3-17, 2010  
Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_

Passport #: \_\_\_\_\_

Home Parish: \_\_\_\_\_

Pastor: \_\_\_\_\_

Parents: \_\_\_\_\_

Hobbies & Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Issues \_\_\_\_\_

\_\_\_\_\_

Are you willing to actively participate in all events: \_\_\_\_\_

Have you traveled with MVERN previously? \_\_\_\_\_ When? \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Please sign & return with deposit (\$500) before April 15, 2010 to:  
The Rev. David Halt, 2153 Crest Road, Cincinnati, OH 45440