



PASTOR RECOMMENDATION FORM

Please complete and either give back to the applicant or mail the recommendation form to : SENT, PO Box 80317, Canton, Ohio 44708-2389 ATTN: Bob Hutton (bhutton@sentinc.org 330-936-5208)
Thank you very much for your time. We trust that we can be a blessing to your member(s).

Pastor Name: _____

Church Name: _____

Church Address: _____

Phone number where we can reach you if necessary: _____

How long have you known _____ (Name of applicant):

Are they a member of your church? yes no

Do you recommend that this person participate in the short term mission trip that they are applying for? yes no

If not, please explain why: _____

Other comments you may have: _____

Signature: _____ Date: _____