



# CHRISTIAN CHIROPRACTORS ASSOCIATION

2550 Stover, B-102  
Fort Collins, CO 80525-4642  
1-800-999-1970 or (970) 482-1404  
Fax: (970) 482-1538

## REQUEST APPLICATION OF FIELD OPPORTUNITIES

1. Name of field: \_\_\_\_\_  
City, Country, any other description
2. Name of field contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mission or Church: \_\_\_\_\_
3. Type of request:     One time request         On-going request
4. Time period when doctors are requested? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Number of doctors you can use at one time: \_\_\_\_\_
6. Type of ministry envisioned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. May the doctors bring their spouses?    yes     no         maybe if? \_\_\_\_\_
8. Type of ministry envisioned for non-medical personnel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. What would housing arrangements be? \_\_\_\_\_  
\_\_\_\_\_

*over*

10. What would eating arrangements be? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Estimated expenses:

- A. Overseas travel \$ \_\_\_\_\_
- B. Local transportation \$ \_\_\_\_\_
- C. Local housing \$ \_\_\_\_\_
- D. Local food \$ \_\_\_\_\_
- E. Misc. expenses \$ \_\_\_\_\_

12. Miscellaneous Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please complete this form and return to:*

Christian Chiropractors Association  
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Fort Collins, CO 80525-4642

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Toll free: 1-800-999-1970