



EVANGELIZING PEOPLE IN CARIBBEAN  
A ministry of Wyldewood Baptist Church  
3030 Witzel Ave. Oshkosh, WI 54904  
[epic.wyldewood.org](http://epic.wyldewood.org)

EPIC was born out of the desire to reach the people of the Caribbean with the Gospel of Jesus Christ. We will be working hand and hand with national pastors or missionaries and local churches on the various Caribbean islands from January 13 through May 6, 2025. We would love to have you join us to take part in this epic outreach opportunity.

Thank you for inquiring about our March 17-25, 2025 EPIC mission trip. We will be working with Mount Calvary Baptist Church (Iglesia Bautista Monte Calvario) in Santo Domingo, Dominican Republic. Wings As Eagles in conjunction with Bearing Precious Seed will be leading this particular trip.

The goals of this trip are to glorify the Lord Jesus Christ, evangelize the lost of the Dominican Republic, and be an encouragement to the churches and pastors we are working with in the country. We will be distributing John & Romans, distributing invitations to a Friend Sunday, and hosting a Friend Sunday outreach. This trip will be primarily an evangelistic outreach with the possibility of doing some physical labor around the church property.

On the following pages you will find the trip cost information. We have also included the mission team guidelines to help make our trip go smoothly. Again, thank you for your interest in reaching the souls of the Caribbean.

Your Servant in Outreach by sharing the Gospel,

Samuel Coman

Wings as Eagles Mission Air Service

"...but by love serve one another."

An outreach of Wyldewood Baptist Church 3030 Witzel Ave, Oshkosh, WI 54904  
[epic.wyldewood.org](http://epic.wyldewood.org) 920.422.4568 [samuel.coman@wyldewood.org](mailto:samuel.coman@wyldewood.org)

**Total Trip Cost \$1,950**  
**Trip Payment Schedule**

All trips are on a first come first served basis.

Non-Refundable Application Fee	\$200.00	Due with application.
First Installment	\$850.00	Due December 1, 2024
Second/Final Installment	\$900.00	Due January 15, 2025

Please make checks payable to Bearing Precious Seed

Mail application and payments to:  
Bearing Precious Seed  
Attn: Tim Carpenter  
Wyldewood Baptist Church  
3030 Witzel Ave,  
Oshkosh, WI 54904

The trip cost will cover your airfare, transportation, meals, and lodging while on the island. There are only 20 spots available on this trip, reserved on a first come, first served basis. The \$200 non-refundable payment can be made at any time before the first payment is due to make your reservation. However if you change your mind about going on the trip, please remember it is a non-refundable payment. If you pay in full by December 15, 2024 there is a \$100 discount, bringing your total down to \$1,850. Due to the overwhelming responses we have for these trips, we cannot reserve your spot past the payment due dates. If for some reason you cannot make your payment on time, you will lose your place in line and be refunded any monies not already spent towards your trip minus the non-refundable amount.

Lodging will be in a modern hotel with typical modern convenience. You will want to bring spending money as well as money to purchase meals while we are in the airports (plan two meals plus snacks each way). It is advised that you pack snacks for while you are travels to and from the island. There will be an opportunity the day after we arrive to pick up any supplies you may have forgotten or would like to pick up when you arrive in the Dominican Republic.

Remember there is a baggage charge for each piece of luggage you check. Most airlines allow you one carry on as well as a personal bag which could be a small backpack or medium size purse.

[Any questions may be directed to Samuel Coman](#)  
at [920.422.4568](tel:920.422.4568) or [samuel.coman@wyldewood.org](mailto:samuel.coman@wyldewood.org)

## Mission Team Guidelines

- Ladies, please dress modestly and tastefully with dresses, skirt and blouse, or modest culottes (below the knee). No pants, shorts, or gauchos at any time. Shirts should not have anything written on them. Shirts with patterns or small logos are acceptable. Also, bring work clothes as we may have opportunity to do work around the church. If there are any questions, please feel free to ask.
- Men, please dress neatly and modestly. Clean jeans or slacks and sport shirt (no t-shirts while soul-winning) are acceptable. No shorts at anytime. For preaching services please be prepared to wear dress shirt and dress pants. A suit or sport coat will not be necessary, but can be worn to church services. Shirts should not have anything written on them. Shirts with patterns or small logos are acceptable. Also, bring work clothes as we may have opportunity to do work around the church. We expect hair to be short, neatly trimmed, and off the collar. If there are any questions, please feel free to ask.
- Men and ladies, you will need comfortable shoes. We will be on our feet for long periods of time. Please do not plan to break in a new pair of shoes while in the Dominican Republic. It is also advisable you bring more than one pair of shoes.
- Make sure you bring appropriate toiletries (toothbrush, shampoo and conditioner, soap, etc.)
- You may choose to bring a light jacket or sweater just in case it gets chilly.
- Bring your Bible (King James Bible).
- All materials for distribution, such as tracts, John & Romans etc., will be furnished by EPIC or the participating churches. Anything else must be approved by the Pastor or by team leader.
- Absolutely NO firearms, ammunition, or weapons of any kind. Double check your luggage before packing for the trip. These are serious offenses for the airlines. (pocketknives are the exception but be sure to pack them in checked luggage).
- A water bottle will be provided for you to carry with you as you are soul winning. You may also wish to buy single-serving powdered mixes to flavor your drinking water. It is important that you drink a lot of fluid while serving in the Caribbean. Before eating any local food or drinking the water, make sure to ask the missionary if it is OK to consume.

## Pray

- That there will be sweet peace and fellowship among those going.
- For souls to be saved.
- For hearts to be moved and changed to the glory of God.
- For good weather, and no problems traveling to and from our destination.

# MISSIONS TRIP APPLICATION

Missions Trip to Iglesia Bautista Monte Calvario, Santo Domingo, DR March 17-25, 2025

Please include a letter of recommendation from your pastor.

Please include a brief testimony of your salvation.

Please print clearly

General Information:

Full Name: (First, Middle, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Ministry Experience \_\_\_\_\_

\_\_\_\_\_  
Pastor's Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of beneficiary and relationship to applicant: \_\_\_\_\_

(Bearing Precious Seed will be purchasing a minimal Group Travel Insurance for the team, but it is your responsibility to ensure sufficient medical coverage at your own additional expense.)

## AGREEMENT TO TEAM GUIDELINES

I have read and understand the EPIC Missions Team Guidelines and Team Member Release Form. I agree to comply with these guidelines and the conditions set forth. I understand the importance of guarding the testimony of my fellow team members and the host Pastor or Missionary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MISSION TEAM MEMBER RELEASE FORM

(To be completed by both Adults and Youth as applicable)

Submit Original Form  
Keep a copy for your records

Name of Participant (please print): \_\_\_\_\_

Participating with: Iglesia Bautista Monte Calvario (Mount Calvary Baptist Church)

Location: Santo Domingo , Dominican Republic

Dates: March 17-25, 2025

## Liability Release Agreement

I/we understand that there are inherent risks involved in any mission trip, and I/we hereby release Bearing Precious Seed, a ministry of Wyldewood Baptist Church, Oshkosh, Wisconsin (hereafter referred to as Bearing Precious Seed), its staff, and volunteer workers from any and all liability due to any injury, loss, or damage to person or property that may occur during the course of my/our involvement with the Bearing Precious Seed organization.

\*Any team member with BPS/WAE may be photographed or video taped for promotional materials.

## Transport Home Agreement

I am of legal consenting age, or I/we the undersigned, as the parents (both parents must sign and have notarized this form regardless of marital status), having legal custody or the legal guardianship of the above named participant, if a minor, have given my/our consent for him/her to attend a mission trip operated by BPS. I/we understand that a member of the BPS staff or the lead adult of our group may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from the mission site, I/he/she will be transported home at my/our expense. BPS or the lead adult of our group will attempt to contact the parent(s) or guardian(s) to arrange such transportation.

## Trip Cancellation/Interruption

BPS carries trip insurance for each participant. This is not in place of your own health insurance, but in case of major issues while traveling.

## Medical Release Agreement

I am of legal consenting age, or I/we the undersigned, as the parent(s), (both parents must sign and have notarized this form regardless of marital status), having legal custody or the legal guardianship of the above-named participant, if a minor, have given my/our consent for him/her to attend a mission trip operated by BPS. In the event that I/he/she is injured while attending the trip and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize

**Tim and/or Star Carpenter and/or Samuel and/or Kim Coman**

the lead adults of our group, or a member of the BPS staff to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I /we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the mission trip.

All medical conditions must be disclosed. If something changes in your medical condition after submitting this form, we must be informed in writing immediately. Failure to disclose any medical condition(s) may result in the team member being dismissed from the trip. Any extra expenses will be the team member and /or his/her legal guardian(s) responsibility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Known Allergies \_\_\_\_\_  
Current Medications, Health Conditions, Physical  
Limitations \_\_\_\_\_

**REMINDER: ALL PRESCRIPTION MEDICATION MUST BE RETAINED IN  
THEIR ORIGINAL AND CURRENT PRESCRIBED CONTAINER.**

## Emergency Contact Information

1) \_\_\_\_\_ 2) \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

## Insurance Information

(This is not the group travel insurance purchased by BPS.)

\*Please attach a copy of your insurance card to this form.

Name of health insurance company \_\_\_\_\_

Health insurance policy number \_\_\_\_\_

Phone/address of health insurance company \_\_\_\_\_

Name of policy holder \_\_\_\_\_

Policy Holders phone number \_\_\_\_\_

Participation on a Bearing Precious Seed trip is contingent upon compliance with all the policies stated on the previous page.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the laws of the state in which any action may arise, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

Sign here: \_\_\_\_\_

(I am of legal consenting age, or I/we the undersigned,  
as the parent(s)/legal guardian(s) understand the above statements.)

Date: \_\_\_\_\_

## Consent to distribute literature in roadways/traffic.

One of the best ways to mass-distribute scriptures and flyers is at traffic lights. We can pass out thousands of pieces of literature per hour. This activity, of course, involves some risk. We have people doing this activity on each trip, our own children included. However, we want parents/guardians to be aware of this activity. We ask that you sign a waiver that Bearing Precious Seed or any one affiliated with them will not be held responsible if injure occurs to you and/or your child during this activity.

Sign here: \_\_\_\_\_

(I am of legal consenting age, or I/we the undersigned,  
as the parent(s)/legal guardian(s) give consent to the above activities.)

Date: \_\_\_\_\_



## Knowing and Voluntary Execution

HAVING CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS, I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE TRIP SPONSOR, AND/OR ITS AFFILIATES. NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THIS AGREEMENT HAVE BEEN MADE TO ME. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Participant

(Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

(Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

(Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

\*Notary and parent/guardian signature(s) are required if the participant is younger than 18 years of age. Both parents/guardian must sign and have notarized this document regardless of marital status. This requirement is to make sure one parent/guardian can not accuse another parent of hiding or kidnapping their child.