

MISSION TRIP

REGISTRATION FORM

PERSONAL INFORMATION				
Name (AS ON PASSPORT): _____			DOB: _____	
Passport No.: _____	Passport Exp. Date: _____	Gender _____	T-Shirt Size _____	
ADDRESS: Street _____		City _____	State _____	Zip _____
Home Phone: _____	Cell: _____	Work: _____	E-Mail: _____	
Profession: _____		Member of the Church of Christ? _____	Home Congregation: _____	
List any health problems or allergies: _____				
List any medications you are taking: _____				
Emergency Contact: _____		Relationship: _____	Phone Number: _____	

TRAVEL & HOTEL INFORMATION		
Departure City: _____	Departure Date: _____	Return Date: _____
Who will make your airline arrangements? Team Leader <input type="checkbox"/> You <input type="checkbox"/>		
What is your Frequent Flyer Number & Carrier (If you have one)? _____		
Preferred Accommodations (Roommate) At The Hotel: _____		

*Please communicate with the team leader prior to making arrangements, and e-mail a copy of your itinerary.

GENERAL WORK INFORMATION
Can you teach Bible classes? Yes <input type="checkbox"/> No <input type="checkbox"/> Ages: Small Children <input type="checkbox"/> Teenagers <input type="checkbox"/> Adults <input type="checkbox"/>
Can you conduct: Short Devotionals <input type="checkbox"/> Lead Singing <input type="checkbox"/> Lead Prayer <input type="checkbox"/>
PLEASE MARK AREAS IN WHICH YOU WOULD FEEL COMFORTABLE SERVING.
Cooking <input type="checkbox"/> Work Team <input type="checkbox"/> VBS <input type="checkbox"/> Evangelism <input type="checkbox"/> Translator <input type="checkbox"/>

* Depending upon the needs of the team, you could be asked to work in another area.

PAYMENT & CONTACT INFORMATION
<u>Airline Arrangements:</u> If your airline arrangements are made by Graymere, you are expected to reimburse the church promptly.
Checks are to be made payable to "Graymere church of Christ," and sent to: Attn: Jonathan Winchester, Graymere Church of Christ, 1320 Trotwood Ave., Columbia, TN 38401.
Questions and comments: jonathan@graymere.com Office: (931) 388-4796 Cell: (931) 398-8638

I understand that the submission of this registration form will indicate my intention to participate, and will cause expenses to be incurred on my behalf. I hereby accept financial responsibilities associated with my participation in this mission team.

Signature: _____ Date: _____