

Summer Backyard Missions

Mondays: June 19, June 26, July 24, July 31
Wednesdays: June 21, June 28, July 26, August 2

Name _____ DOB _____ T-shirt Size _____
Phone: Home _____ Cell _____ Work _____

Please circle your preferred means of contact

Home Address: _____

Email Address: _____

Emergency Contact's Name, Email, and Phone Number:

Gifts & Talents: _____

Previous Mission Experience? If yes, when & where:

Briefly describe your walk of faith:

Your Physician: _____ Phone: _____

Insurance Information: _____

(Name of Company, Policy #, Group #)

Date of last Tetanus shot: _____

Allergies: __ Yes __ No If yes, explain _____

List medical conditions that may have an impact on this trip: _____

Physical Restrictions: _____

Current Medications: _____

(name of medicine, dose, frequency)

Dietary Allergies: _____

Additional Information: _____