

# 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: \_\_\_\_\_