

Backyard Missions

March 19 & 20, 2019

The cost is \$30

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 physical activity:

Physical Restrictions: _____

Current Medications: _____

(name of medicine, dose, frequency)

Dietary Allergies: _____

Additional Information: _____