

# Backyard Missions - Saturday, March 21<sup>st</sup>.

**10am – 3pm**

Cambridge Elementary  
2000 Cambridge Drive  
Cocoa, FL 32922

Work-day details will be emailed prior to event date.

Cost for Local Backyard Missions: \$30  
Cost includes: lunch, project fees, and t-shirt

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 (Medical or Food) 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)

Additional Information: \_\_\_\_\_