FORM 6 – MISSION TEAM REGISTRATION FORM

Purpose: To register visiting mission teams.

Church / Organization Name: _____

Country of Origin: _____

Proposed Visit Dates: From _____ To _____

Number of Participants: Adults ____ Youth ____

Team Leader Name: _____

Phone / Email: _____

Areas of Service Interest:

[ ] Children [ ] Families [ ] Widows [ ] Outreach [ ] Construction [ ] Prayer

Agreement to follow ministry guidelines: Yes / No

Signature (Team Leader): _____ Date: _____