

KidsHeart Registration Form

Mission Trip to Lasara, TX

July 12-18, 2008

Name: _____ DOB: _____

Address: _____

Phone _____ Email _____

Check all in which you are interested in participating:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Dental Clinic | <input type="checkbox"/> VBS |
| <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Quilting | <input type="checkbox"/> Construction |

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> I am going on the "Pre-Trip" on Friday | <input type="checkbox"/> I am returning on Wednesday |
| <input type="checkbox"/> I am leaving on Saturday | <input type="checkbox"/> I am returning on Thursday |
| <input type="checkbox"/> I am leaving on Sunday | <input type="checkbox"/> I am returning on Friday |

- I will ride a church van
- I will take my own vehicle
- I will carpool with _____

- I will provide my own rooming (camping, trailer, etc)
- I will stay at the Best Western with the church
 - 4 to a room
 - 3 to a room
 - 2 to a room

I give my consent for a background check _____ (signature).

SSN _____ TDL# _____

Insurance Beneficiary _____