## Team Roster / Mission Preference Form for adults only (make copies as needed)

Email to <a href="mailto:deepimpact@ncbaptist.org">deepimpact@ncbaptist.org</a> no later than 3 weeks before camp date

CH NAME	LOCATION AND WEEK A	TTENDING
Adult Leaders		
Age G		Mission Preference (flexibility is required ©)
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		R THE MISSION PREFERENCE CHOSEN ABOVE
or all adults coming to Deep Impact fr <u>Mo</u>	ADULT CELL PHONE NUME from your church please provi lobile Phone Number	de us with name and mobile phone number
Vehicle Drivers Typ	ype of vehicle	Number of passengers
or all adults coming to Deep Impact from Mc	EADERS OR MOTIVATORS FOI  ADULT CELL PHONE NUME from your church please provi lobile Phone Number	R THE MISSION PREFERENCE CHOSEN ABOUT ABOUT ABOUT ABOUT A SERS de us with name and mobile phone num