Team Roster/Mission Preference/Cell Phone/Transportation Form for adults only (make copies as needed)

Email to deepimpact@ncbaptist.org no later than 3 weeks before camp date

CHURCH NAME		LOCATION AND WEEK ATTENDING		
Adult Leaders	5			
Name 1.	_	1 st Mission Preference	2nd Mission Preference	Gender
2.		-	-	
3.				
8.				
ALL ADULTS MUST SIGN	UP AS TEAM	LEADERS OR MOTIVATORS.	Please indicate which "job" each ad	ult will serve
For all adults coming to <u>Name</u>		ADULT CELL PHONE NU of from your church please pr Mobile Phone Number	ovide us with name and mobile pho	ne number
	<u> </u>			
	<u> </u>			
Adult Vehicle Drivers Name		Type of vehicle	Number of passengers	