



2011 MISSIONWEEKEND

Macon, GA (June 16 – 18)

Church/Group Registration Form

Name of Church _____

Church Address _____
City State Zip Code

Church Phone _____

Church Mission Contact/Group Leader's Name: _____

Home Phone _____ Cell Phone _____

Email Address _____

Total Number in Group _____ Total Amount Enclosed \$ _____

PLEASE LIST ANY SPECIAL SKILLS THOSE IN YOUR GROUP MAY HAVE (Carpenters, plumbers, electricians, nurses, musicians, photographers, teachers, puppets, clowning, bilingual, computer skills, other.)

