

CHRISTIAN APPALACHIAN PROJECT, INC.

Mission: Impact Group Volunteers Registration Form



Group or Church Name _____

- This is a Church
- This is a high school
- This is a college
- This is an organization
- This is a youth group
- This is a family

Group Information:

(Church/School/Organization Street address and/or box number)

(Church/School/Organization City, State, Zip Code)

(Church/School/Organization's Email Address)

Phone (____) _____

Fax (____) _____

Contact Information:

Group Leader _____

Daytime Phone (____) _____

Home Phone (____) _____

Cell Phone (____) _____

Email Address _____

All correspondence will be made with the Group Leader. Please ensure that the information supplied above is accurate.

Preferred Dates: Arrival Departure

1st Choice (mm/dd/yy) _____

2nd Choice (mm/dd/yy) _____

Please include an arrival and departure date for your group. Arrival dates will be on Sunday and Departure dates will be on Friday Mornings.

Estimated Number in Groups:

Total YOUTH _____ Total ADULTS _____

Male _____ Male _____

Female _____ Female _____

(Adults are anyone age 18 and above)

Special Skills/Interest of Group Members:

(Example: experience hanging drywall, vinyl siding, building a porch or ramp, licensed electrician or plumber, etc.)

Please make checks payable to Christian Appalachian Project and mail with this form to the following address:

Christian Appalachian Project
c/o Sally Ousley
PO Box 459
Hagerhill, KY 41222

There is a \$100 registration fee due at the time this registration form is submitted. I understand that by submitting this form and registration fee my group is not guaranteed their first choice of dates, but that every effort will be made to accommodate the group on one of the dates listed. The cost of the trip will be \$350 per person which is to be paid before arrival. This includes room and board (Sunday evening arrival-Friday morning departure), project expenses and materials. The group will be broken into teams of 5 to 6 people. It is your responsibility to provide vehicles for each team for transportation to job locations during your stay.

Name (please print) _____

Signature _____

Date _____