

Challenge Ministry Registration Form (PDF)

Directions for FAXING:

1. **PRINT** this registration form
2. **FILL IN** the highlighted boxes with accurate information.
3. **FAX** this form to : (305) 221-1404
4. **CALL** (786) 449-9875 to confirm receipt of your fax
5. **SAVE** your registration form for your records

An E-mail will be sent within a week of receiving your information to acknowledge receipt and processing of your information.

CHURCH INFORMATION

Church ID number:

Church Name:

Street Address:

City:

State:

Contact Name:

Contact Phone:

Contact Phone (while at challenge):

Group Size(# of students plus # of leaders):

E-mail:

MINISTRY OPTIONS

Choose which type(s) of ministry you are interested in? (check all areas that interest you)

Caring

Serving

Sharing

Compassion (BackPack Challenge)

How many days of ministry would you like to participate in?

Check which days you would like to do ministry. (You can choose more than one).

Tuesday

Wednesday

Thursday

Friday

OTHER QUESTIONS

Will you need transportation to your ministry site? (check box) Yes No

Do you have a bus that can be used to transport students from other groups on the day(s) that your group is NOT doing ministry? (check box) Yes No

Are you willing to bring supplies for ministry projects? (we will email you a supply list) (check box) Yes No

Please write additional comments here: