

INSTRUCTIONS: 1. Download and save form to your computer.
 2. Open with Adobe Reader, fill out and save. (don't use Edge in windows 10)
 3. Print form and send snail mail or send as attachment in email
 4: questions call 941-468-9776

FLORIDA CAMPERS ON MISSION ENROLLMENT FORM

PERSONAL INFORMATION

Name (Last)	First	MI	Preferred Name	Birthdate (Self)
Spouse Name (Last)	First		Preferred Name	Birthdate (Spouse)
Street Address	City		State	Zip/Postal Code
Telephone (home)	Cell Phone	E-mail Address		
<p>Have you participated in a mission project? Yes No</p> <p>If yes, date of last mission project _____</p> <p>If full-time COM, what state chapter: _____</p> <p style="text-align: right;">Project assigned through: <input type="checkbox"/> NAMB <input type="checkbox"/> State Convention <input type="checkbox"/> Association <input type="checkbox"/> Church <input type="checkbox"/> Other _____</p>				

CHURCH MEMBERSHIP

Church Name _____	Name of Pastor _____
Street Address _____	Name of Association _____
City _____ State _____ Zip _____	Church Denominational Affiliation: _____
Telephone (____) _____	E-mail _____ <input type="checkbox"/> SBC <input type="checkbox"/> Others (specify) _____

INTEREST/TALENTS/GIFTS

Please tell us about your skills, experience, special training or other areas of interest.

EMERGENCY CONTACT

Name _____
Street _____
City _____ State/Province _____ Zip _____
Telephone (____) _____ E-mail _____

DATE FORM COMPLETED



Return form to: Campers on Mission, President Florida Campers On Mission PO Box 318
 Mayo FL 32066 or email to thg946@gmail.com