



2009 WORK CAMP GROUP APPLICATION

RED BIRD MISSION

70 Queendale Center
Beverly, KY 40913

Phone: 606-598-5133

Fax: 606-598-0906.

Email workcamp@rbmission.org

CHURCH NAME _____ PHONE _____

ADDRESS _____
STREET CITY STATE ZIP

PASTOR'S NAME _____

WORK CAMP GROUP LEADER: _____

LEADERS DAYTIME PHONE _____

LEADERS EVENING PHONE _____

LEADERS E-MAIL ADDRESS _____

LEADERS FAX NUMBER _____

LEADERS HOME ADDRESS _____
STREET CITY STATE ZIP

We will be making most of the correspondence directly with your Group Leader so please make sure all contact information (especially Email) is supplied above.

PLEASE INDICATE IF THIS WILL BE YOUR FIRST VISIT AT RED BIRD MISSION.

PLEASE INDICATE WHICH ADDRESS YOU WOULD LIKE YOUR INFORMATION MAILED TO THE CHURCH ADDRESS OR THE LEADERS ADDRESS.

Does any member of your group have any special construction or maintenance skills?
If so please list below:

Estimate the number in your group. Please estimate as accurately as possible. We use this number when deciding whether or not to accept other groups for the week.

YOUTH: _____ ADULTS: _____

DATES PREFERRED

1ST CHOICE _____ 2ND CHOICE _____

3RD CHOICE _____ 4TH CHOICE _____

(THE WEEK BEGINS SUNDAY P.M. AND ENDS SATURDAY A.M.)



Project Type Preferred

Please indicate if there is a specific type of project that may be of interest to your group:
Project choices: Roof, Deck, Painting, Siding Fascia & Soffits, Plumbing/Electrical

1st CHOICE _____ 2nd CHOICE _____

We prefer to NOT choose a specific project but will to do whatever is needed while on our Mission trip _____.

Remarks: _____

WHAT IS THE NATURE OF YOUR GROUP? (IE: YOUTH FELLOWSHIP, STUDY GROUP, INTERGENERATION, DISTRICT OR CONFERENCE, CHURCH MEMBERS AT LARGE, ETC.)

SIGNATURE OF PERSON COMPLETING FORM DATE

Please read the "RED BIRD MISSION WORK CAMP INFORMATION PACKET" and distribute to every member of your Work Camp team, attach fee or mail if submitting on line.