



**WINSTON BAPTIST ASSOCIATION  
MISSION TRIP 2019  
REGISTRATION FORM**

**Yes, I would like to be one of those going to  
Hokes Bluff, AL (July 14-20)**

*I understand my deposit of \$125.00 is to be in the  
Association Office no later than May 25, 2019.*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

CHURCH REPRESENTED \_\_\_\_\_

TEAM: \_\_\_\_\_ CONSTRUCTION \_\_\_\_\_ MINISTRY \_\_\_\_\_ FOOD SERVICE

I WILL BE TRAVELING BY : \_\_\_\_\_ CHURCH VAN/BUS \_\_\_\_\_ PRIVATE VEHICLE

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_

KNOWN ALLERGIES \_\_\_\_\_

NAME OF MEDICATIONS YOU ARE TAKING \_\_\_\_\_

ANY OTHER IMPORTANT MEDICAL INFORMATION THAT SHOULD BE KNOWN: \_\_\_\_\_

I HAVE AN UP TO DATE TETANUS VACCINE: (REQUIRED) \_\_\_ YES \_\_\_ NO

DO YOU WANT A T-SHIRT FOR \$10.00? \_\_\_ Yes \_\_\_ No Size \_\_\_\_\_

ROOMATE (IF POSSIBLE) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

If under 19 years of age, parents signature: \_\_\_\_\_

I will be willing to stay in smoking room IF need arises: \_\_\_ Yes \_\_\_ No