



**WINSTON BAPTIST ASSOCIATION
MISSION TRIP 2016
REGISTRATION FORM**

**Yes, I would like to be one of those going to
Boaz, AL (July 16-22)**

*I understand my deposit of \$125.00 is to be in the
Association Office no later than May 23, 2016.
I understand the final cost may be more than this.*

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