



**WINSTON BAPTIST ASSOCIATION
MISSION TRIP 2021
REGISTRATION FORM**

**Yes, I would like to be one of those going to
Smithville, AR (July 19-24)**

*I understand my deposit of \$125 is to be in the
Association Office no later than June 17, 2021.*

NAME _____

ADDRESS _____

CELL PHONE NUMBER _____ E-MAIL _____

DATE OF BIRTH _____

CHURCH REPRESENTED _____

TEAM: _____ CONSTRUCTION _____ VBS/MINISTRY _____ KITCHEN

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

ROOMATE (IF APPLICABLE) _____

SIGNATURE: _____

If under 19 years of age, parents signature: _____