

Summer M.A.D. Group Application

Name of group leader; _____

Email Address; _____

Phone; _____

Name of Church; _____

Name of Pastor; _____

Phone; _____

Church address; _____

Dates requested; _____

Participants, including leaders

NAME	SEX	AGE	PASSPORT NUMBER	HEALTH/DIETARY NEEDS
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Please complete the form and email it to; ywamantigua@gmail.com

Upon acceptance each person must complete a Release from Liability form.