

RED BIRD MISSION

70 Queendale Center Beverly, KY 40913

Phone: 606-598-5133 Fax: 606-598-0906

Email: RBMworkcamp@rbmission.org

2018 WORK CAMP

GROUP APPLICATION

NO INDIVIDUAL APPLICATIONS NEEDED

CHURCH NAME			PHON	NE			<u>.</u>
ADDRESS							
STREET		CITY		STATE			
PASTOR'S NAME							
WORK CAMP GROUP LEADER:							<u>.</u>
LEADERS DAYTIME PHONE							
LEADERS EVENING PHONE							
LEADERS EMAIL ADDRESS							
LEADERS FAX NUMBER							
LEADERS HOME ADDRESS							
	STREET	Γ	CITY	S	TATE	ZIP	
We will be corresponding direct (especially Email) is supplied abo information.		=	=				=
Is this the Group's first trip to Re	ed Bird Mi	ission? _	Y / N				
Do you prefer to have informati	on Mailed	l to:					
		Church A	Address				
		Leaders	Address				

Please read the "RED BIRD MISSION WORK CAMP 2018 LEADER'S GUIDE" it can be downloaded on our web site http://rbmission.org/work-camp/ along with our Work Camp Brochure, which you should distributed to every member of your Work Camp group.

e estimate as closely as poss we can accommodate your	ible. If you are later blessed with more people, please call our offic new group size.
-	ADULT Males:
YOUTH Female:	ADULT Female:
	DATES PREFERRED
1ST CHOICE	2ND CHOICE
3RD CHOICE	4TH CHOICE
A \$50 non-refundable dep	osit for each participant is required within 60 days of receipt of you
A \$50 non-refundable depapplication. Please send your \$100 no	
A \$50 non-refundable depapplication. Please send your \$100 no application to hold your refundable.	osit for each participant is required within 60 days of receipt of your numbers of application fee now or within 30 days of submission of eservation. This fee is not part of the work camp fee.
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SIGNATURE OF PERSON COMPLETING FORM

DATE