

## **RED BIRD MISSION**

70 Queendale Center Beverly, KY 40913 Phone: 606-598-5133 Fax: 606-598-0906

Email: RBMworkcamp@rbmission.org

## **2022 WORK CAMP**

## GROUP APPLICATION NO INDIVIDUAL APPLICATIONS NEEDED

| CHURCH NAME                                                                         |                     | PHONE   |         |             |
|-------------------------------------------------------------------------------------|---------------------|---------|---------|-------------|
| ADDRESS                                                                             |                     |         |         |             |
| STREET                                                                              | CITY                |         | ZIP     |             |
| PASTOR'S NAME                                                                       |                     |         |         |             |
| WORK CAMP GROUP LEADER:_                                                            |                     |         |         |             |
| LEADERS DAYTIME PHONE                                                               |                     |         |         |             |
| LEADERS EVENING PHONE                                                               |                     |         |         |             |
| LEADERS EMAIL ADDRESS                                                               |                     |         |         |             |
| LEADERS FAX NUMBER                                                                  |                     |         |         |             |
| LEADERS HOME ADDRESS                                                                |                     |         |         |             |
|                                                                                     | STREET              | CITY    | STATE Z | <u>Z</u> IP |
| We will be corresponding direc<br>(especially Email) is supplied al<br>information. |                     | =       |         | =           |
| Is this the Group's first trip to F                                                 | Red Bird Mission? _ | Y / N   |         |             |
| Do you prefer to have informate                                                     | tion Mailed to:     |         |         |             |
|                                                                                     | □ Church A          | Address |         |             |
|                                                                                     | □ Leaders           | Address |         |             |

Please read the "<u>RED BIRD MISSION WORK CAMP 2022 LEADER'S GUIDE</u>" it can be downloaded on our website <a href="http://rbmission.org/work-camp/">http://rbmission.org/work-camp/</a> along with our Work Camp Brochure, which you should distributed to every member of your Work Camp group.

| we can accommodate your nev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | w group size.                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YOUTH Males:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ADULT Males:                                                                                                                                                                                                                                                                                                                                  |
| YOUTH Female:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ADULT Female:                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DATES PREFERRED                                                                                                                                                                                                                                                                                                                               |
| 1ST CHOICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2ND CHOICE                                                                                                                                                                                                                                                                                                                                    |
| 3RD CHOICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4TH CHOICE                                                                                                                                                                                                                                                                                                                                    |
| (THE WEEK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BEGINS SUNDAY P.M. AND ENDS FRIDAY A.M.)                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | it for each participant is required within 90 days of receipt of                                                                                                                                                                                                                                                                              |
| application.  Please send your \$100 non-re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                               |
| application.  Please send your \$100 non-refee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | it for each participant is required within 90 days of receipt of efundable application fee now. This fee is not part of the wor (\$50 deposit plus two payments of \$187.50). Please see Lea                                                                                                                                                  |
| application.  Please send your \$100 non-refee.  Total price per person is \$425                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | it for each participant is required within 90 days of receipt of efundable application fee now. This fee is not part of the wor (\$50 deposit plus two payments of \$187.50). Please see Lea                                                                                                                                                  |
| application.  Please send your \$100 non-refee.  Total price per person is \$425 Guide on web for further det                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | it for each participant is required within 90 days of receipt of efundable application fee now. This fee is not part of the wor (\$50 deposit plus two payments of \$187.50). Please see Leadails.                                                                                                                                            |
| application.  Please send your \$100 non-refee.  Total price per person is \$425 Guide on web for further det                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | it for each participant is required within 90 days of receipt of efundable application fee now. This fee is not part of the wors (\$50 deposit plus two payments of \$187.50). Please see Leaguils.  Project Type Preferred  cific type of project that may be of interest to your group: nting, Siding Fascia & Soffits, Plumbing/Electrical |
| application.  Please send your \$100 non-refee.  Total price per person is \$425 Guide on web for further det  Please indicate if there is a spece of the specens of the spec | it for each participant is required within 90 days of receipt of efundable application fee now. This fee is not part of the wors (\$50 deposit plus two payments of \$187.50). Please see Leaguils.  Project Type Preferred  cific type of project that may be of interest to your group: nting, Siding Fascia & Soffits, Plumbing/Electrical |

SIGNATURE OF PERSON COMPLETING FORM

DATE