

His Hands 2 Go WORK TEAM INFORMATION

DATE OF INQUIRY ___/___/___ DATE CONFIRMED ___/___/___
HH2G CONTACT _____ HH2G CONTACT _____
ARRIVE ___/___/___ TIME _____ DEPART ___/___/___ TIME _____
REFERED BY _____
CONFIRMATION SENT VIA ___ US MAIL ___ E-MAIL ON ___/___/___

CHURCH/ORG _____
PASTOR _____
STREET ADDRESS _____
CITY _____ STATE ___ ZIP _____
CHURCH PHONE _____ - _____ - _____ FAX _____ - _____ - _____
E-MAIL _____

PRIMARY TEAM LEADER _____
STREET ADDRESS _____
CITY _____ STATE ___ ZIP _____
HOME PHONE _____ - _____ - _____ CELL PHONE _____ - _____ - _____
E-MAIL _____

SECONDARY TEAM LEADER _____
STREET ADDRESS _____
CITY _____ STATE ___ ZIP _____
HOME PHONE _____ - _____ - _____ CELL PHONE _____ - _____ - _____
E-MAIL _____

ESTIMATED NUMBER IN TEAM _____ MALES _____ FEMALES _____
AGE OF TEAM MEMBERS _____ 15-20 _____ 20-30 _____ 30-60 _____ 60+
SKILLS _____ SHEETROCK _____ ROOFING _____ CHAINSAW _____ PAINTING
_____ ELECTRICAL _____ PLUMBING _____ NURSING _____ COOKING
_____ MUSICAL INSTRUMENTS _____ NOT YET SKILLED BUT WILLING TO LEARN

THERE IS A \$100 NON REFUNDABLE REGISTRATION FEE TO RESERVE YOUR DATE
THE COST IS \$150 PER PERSON PER WEEK FOR ACCOMMODATIONS
ALL GROUPS ARE EXPECTED TO PROVIDE THEIR OWN SAFETY EQUIPMENT

This form completed by _____ **Title** _____ **Date** ___/___/___

HIS HANDS 2 GO Team housing Information	
# @ St Luke's M ___ F ___	# @ NO EAST M ___ F ___
Registration fee received ___/___/___	Accommodations offering received ___/___/___ Amount \$ _____
NOTES _____	

