The Sending Place
Mission Team Registration Form

Please Return to: **Registrar**
P.O. Box 730
Elk Grove, CA 95759

Phone: 916-685-2331
E-Mail: thesendingplace@hotmail.com

Important! Attach Recent Photo Here

Name of Mission Team Applying For (If known)_____

Beginning Date of Training: Month_____ Day_____ Year_____

Registration Fee Enclosed $_____ ($50.00 Single/$75.00 Couples)

Personal Information:

Mr/Mrs/Ms/Miss_____
Last/Family Name First Middle

Current Address_____
Street/P.O. Box City State Zip

Permanent Address (If different from above)_____
Street/P.O. Box City State Zip

Country_____ Current Address Until (Month/Day/Year)____/____/____

Home Telephone ( )_____ Work Telephone ( )_____ Fax ( )_____

E-Mail_____ Social Security #_____

Birth Date ____/____/____ Age_____ Place of Birth (City, State, Country, Province)_____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Citizenship_____ Passport #_____ Date of Expiration____/____/____

Marital Status: _____ Spouse's Name_____
Last First Middle

Children Accompanying You:

Name	Date of Birth	M/F	Grade in School

Emergency Contact:_____ Phone Number ( )_____

Languages (Spoken)_____ (Scale of 1-10 how well)_____
Languages (Written)_____ (Scale of 1-10 how well)_____

Please indicate shirt size: S_____ M_____ L_____ XL_____

Church Information:

Home Church Name_____ City _____ State/Country_____

Pastor's Name_____ Denomination_____

Phone ( )_____ Fax ( )_____ E-Mail _____