

HAND TO THE PLOW MINISTRIES

16221 RAWLS ROAD, SARASOTA, FLORIDA 34240-9147

PHONE: 941-322-2027

JOSHUA EXPEDITON/WORKCAMP REGISTRATION FORM

NAME _____

DO YOU HAVE ANY PHYSICAL DISABILITIES? _____

ADDRESS _____

CITY _____ STATE _____

ARE YOU CURRENTLY USING ANY MEDICATION? _____

ZIP _____ E-MAIL _____

HOME PHONE _____

NAME OF CHURCH ATTENDING? _____

OFFICE PHONE _____

PASSPORT INFORMATION

(REQUIRED)

NAME (AS IT APPEARS ON PASSPORT): _____

PASSPORT #: _____

EXP. DATE: _____

ISSUING COUNTRY: _____

NATIONALITY: _____

DATE OF BIRTH: _____

GENDER: _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

PHONE # OF CONTACT: _____

PASTOR _____

ARE YOU A CHRISTIAN? YES [] NO []

WILL YOU BE WILLING TO SHARE A SHORT DEVOTION? YES [] NO []

DO YOU HAVE GIFTS THAT YOU WOULD BE WILLING TO USE IN OUR MEETING TIMES TOGETHER? I.E. SINGING, GUITAR PLAYING, PREACHING, ETC?

IF YES, PLEASE SPECIFY: _____

• I UNDERSTAND THE USE OF ALCOHOL, TOBACCO, PROFANITY, AND IMMODEST CLOTHES ARE PROHIBITED ON HAND TO THE PLOW WORKCAMPS.

• I UNDERSTAND THAT A NON-REFUNDABLE DEPOSIT IS DUE 45 DAYS PRIOR TO TRIP DATE AND THE BALANCE IS DUE 20 DAYS PRIOR TO TRIP DEPARTURE DATE.

• I UNDERSTAND I CAN CHECK ONE PIECE OF LUGGAGE WEIGHING NO MORE THAN 50 LBS AND CAN BE NO MORE THAN 62 INCHES IN TOTAL DIMENSION PLUS A CARRY-ON.

T-SHIRT SIZE: M L XL XXL

HEIGHT _____ WEIGHT _____

MARRIED [] SINGLE []

OCCUPATION _____

WHAT SKILLS MIGHT YOU OFFER ON A WORKCAMP? _____

SIGNATURE _____

DATE _____

IMPORTANT: PLEASE RETURN THIS FORM AS SOON AS POSSIBLE - YOUR INFORMATION IS NEEDED FOR TICKETING.