## 2024 Georgia Campers on Mission Application

PERSONAL INFORMATION: Last Name:			First:		Middle:	
Preferred Name:	Birth date (self):		Spouse's Name:			
Preferred Name:	Birth date (Spou	se) <u>:</u>		Anniversary Date:_		
*(PLEASE LIST ON BACK OF FORM	I THE NAMES AND BIRT	HDATES O	F CHILDREN OR	GRANDCHILDREN THA	AT WILL BE TRAV	ELING WITH YOU)
STREET ADDRESS OR P.O. BOX	<b>&lt;</b> :			House or L	ot #:	
City:	State:	_Zip Cod	e:			
Home Phone:	Cell Phone: His_			Hers		
His E-mail Address:						
<u>Her</u> E-mail Address:						
CHURCH MEMBERSHIP: Chur Street Address:	rch Name:		Citv:		State:	Zip
Church Phone #:	Chu	rch E-mail				
	Phone #:Church					
Denominational Affiliation:						
PERSONAL REFERENCES: (1)Name:		Street	Address:			
City:						
(2)Name:						
City:						
INTEREST/TALENTS/GIFTS (						
Campground Ministries:			Construction	/Maintenance:	_SelfSpoo	ıse
Fairs/Festivals/Special Events	:SelfSpou	se	Preparation of	of Craft Items for Ev	ents:Self	Spouse
Disaster Relief & Recovery:	Self Spouse		Clowning/Ba	lloon Sculpturing/F	ace Painting:	SelfSpouse
Revivals/Bible Studies/VB:	<del></del> -		_	-		Self Spouse
Community Surveys/Church P					•	
Seafarer's Ministry: Self		opouse	-	ntal Ministry: Se		
State Convention: Self	'			Se		e
List Areas of Special Training a	<del></del> •					
Emergency Contact: Name	 :			Street Address	 S:	
Phone #:		E-mail:				

SEND COMPLETED FORM TO Donna Biggers 546 Ocilla Hwy Fitzgerald GA

31750 or email: dbiggers1970@gmail.com