

NCIP in State Mission Trip October 27 to November 1

Please fill out for each person attending the Mission Trip.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_

Cell or alternate phone \_\_\_\_\_

Church Name \_\_\_\_\_

City \_\_\_\_\_

If you are coming with a group, Group Leader name and information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What days will you be attending the Mission Trip?

\_\_\_27      \_\_\_28      \_\_\_29      \_\_\_30      \_\_\_31      \_\_\_1

Do you need Housing \_\_\_\_\_

For what nights? \_\_\_\_\_

Do you need special housing arrangements? \_\_\_\_\_

Return to Presbytery of North Central Iowa by October 17, 2008