

Registration Form

Please copy and complete the following Registration Form and send to:

Volunteers In Mission Registration

1501 NW 24th Street
Oklahoma City, OK 73106

Fax: 405-530-2048

Phone: 405-530-2029 or Toll Free: 800-231-4166

Visit our Web Site: <http://www.okvim.org>

Team Leader Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Fax #: (____) _____ - _____

PHONE (wk): (____) _____ - _____ (hm): (____) _____ - _____ (cell): (____) _____ - _____

LOCAL CHURCH AFFILIATION: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Pastor's Name: _____ Pastor's e-mail: _____

Are you a Certified OKVIM Team Leader? Yes No Unsure, please contact me If yes, when did you attend training? _____

Who will be handling your team's arrangements: OKVIM (A Team) Team Leader (B Team)

Enclosed is our Registration Fee of **\$25** (Non-refundable & Non-transferable)

Mission Location: (Give as much detail as you know right now)

Oklahoma: City: _____ District: _____ Project Name: _____

Oklahoma Indian Missionary Conference (OIMC): OIMC Mission Site Name: _____

National: City/State: _____ Project Name: _____

International City/area/Country _____ Project Name: _____

Disaster Response: Location: _____ Early Response Team (ERT) R-TEAM BARN-RAISING Team

Mission Dates:

Depart Origin Dates: _____	Arrive Destination Dates: _____	Work Dates: _____	Depart Destination Dates: _____	Arrive Origin Dates: _____
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Approximate makeup of our team will be (give estimated number in each category):

Estimated number of each age group: 12-14 yrs _____ 15-17 yrs _____ 18-24 yrs _____ 25 yrs + _____

Number of each Gender: Men: _____ Women: _____ Youth Male: _____ Youth Female: _____

Type of mission work:

Construction Medical Mission Bible School Other _____ (check all that apply)

Is this team open to outside members? Yes No

Special Skills: _____

(signed) Team Leader

Please use back of form for additional notes to OKVIM

(signed) Pastor

OKVIM Office Use: Team # _____