

Tennessee Baptist Convention P.O. Box 728 Brentwood TN 37024-0728 Attn: Church Services

Campers On Mission Enrollment Form

PLE/	ASE PRINT		Date:			
Name	Dr./Rev./Mr./Mrs./Miss/Ms				Birthdate//_	
Spous	e's Name:					
Addres	ss:			City/State/Zip:		
Phone	()	His Cell Ph. ()_		Her Cell Ph. (_)	
E-mail	:					
Emerg	ency Contact			Phone ()		
Compl	ete name of church to which y	ou belong:				
Addres	ss:		City/State/Zip	:		
Churcl	n's Phone Number: ()		Pastor's Home	Number: (<u>)</u>		
Pastor	's Name (PRINT):					
Pastor	's Signature:					
Denon	nination of Church:					
What c	lo you want to experience as	a member of COM? (Check all that a	pply.)		
0 0 0	To learn how to better share r	ny faith while camping. reation, and other cam	pground ministri			
Are yo	u a member of other camping	organizations?	Yes No	o. If YES, list here		
Are yo	u a regular season resident o	a state OTHER THAI	N the one listed	in your address at the	e beginning of the form	n?
Yes	No If YES, what s	ate?	How many me	onths do you live there	each vear?	

YOU		SPOUSE			
		_	A.	Campground Ministries	
			В.	Church Starts	
				Construction Projects	
				Disaster Relief Fairs, Festivals, Other Special Events	
				Revivals, Surveys	
			H.	Scripture Distribution	
			I.	State Convention Display/Information Booths	
				Bible Teaching, VBS, Big A Club	
				Clowning/Balloon Sculpturing Play a musical instrument, type:	
			M.	Other Skill(s)	
Have yo	ou serve	ed on a volun	nteer mis	have had previous missions experience, it would be helpful to know a sions project in the past five years? Yes No. of mission activity in which you have been involved:	
low oft	ten do y	ou camp?(<u>C</u>	Check on	<u>ne</u> .)	
		_			
	year Ø			year ① Frequently ② Entire winter/summer season ②	. ,
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Revised January 11, 2016

Application is not considered complete without a picture.