



2007 REGISTRATION FORM

Contact Person _____

Church Name _____

Address (for mailings to be sent) _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail Address _____

Check desired Workcamp:	Iowa Falls, Iowa	June 17-23, 2007	_____
	Iowa Falls, Iowa	June 24-30, 2007	_____
	Memphis, Tennessee	July 8-14, 2007	_____

I would like to reserve _____ spaces. (Remember you need 1 adult for every 5 teens.)

Enclosed is \$ _____ (\$75.00 deposit per participant)

(Please make checks payable to TeenServe)

Name <i>(All names known at this time)</i>	Age	Gender	T-Shirt Size
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			

If you have more than 20 participants, please fill out another form. Thanks!

Mail deposits and Registration Form to: **TeenServe, 27990 269th Avenue, Holcombe, Wisconsin 54745**
 or mail deposits and fax form to: **(612) 677-3853**



VEHICLE INFORMATION FORM

(Please fill out one Vehicle Form per Youth Group)

RETURN TO TEENSERVE BY MARCH 15TH

CHURCH NAME _____ WEEK ATTENDING _____

If any changes are made regarding the vehicle or driver,
please contact TeenServe immediately.

Your vehicle(s) will be needed to transport crews to and from the worksites on Monday through Friday during the workcamp. The best vehicles for this purpose are vans or station wagons. A large car might work, but it **must** hold six people. There must be seat belts for all occupants (except for buses).

All drivers must be at least 21 years of age and fully covered by auto insurance. ***The church should obtain Motor Vehicle Driving reports for each Adult Leader who will be driving! This can be done easily through most state DMVs or through a 3^d party service. If the individual has a history of moving violations, they should not be used as a driver for the Workcamp.***

Planning for the workcamp is dependent upon the accuracy of this information. ***Your vehicle will need to hold at least six people (including the driver). Please account for seats being removed from vans.***

	Vehicle (car, van, etc.)	Capacity (# of passengers)	Driver	Age	Driving Records Checked?
1.	_____	_____	_____ (Primary Driver)	_____	_____
			_____ (Secondary Driver)	_____	_____
2.	_____	_____	_____ (Primary Driver)	_____	_____
			_____ (Secondary Driver)	_____	_____
3.	_____	_____	_____ (Primary Driver)	_____	_____
			_____ (Secondary Driver)	_____	_____

Describe any special circumstances for each vehicle: _____

Keep a copy for your records.
Return the completed form by **March 15th** to:
TeenServe
27990 269th Avenue
Holcombe, WI 54745
Fax: 612-677-3853

