

# Application Form >>>>>

Name of church \_\_\_\_\_

\_\_\_\_\_

Name of contact person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Daytime Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Approximate size of group (Maximum 30 males, 30 females)\*

\_\_\_\_\_ Males      \_\_\_\_\_ Females

*\*If the size of your youth group is fifteen or less you may be doubled-up with another youth group*

Age range of students \_\_\_\_\_

Special Skills \_\_\_\_\_

## Please circle the dates preferred.

- June 3-7
- June 10-14
- June 17-21
- July 1-5
- July 8-12
- July 15-19

*If your group is interested, let us know as early as possible. Please return application form with a nonrefundable \$250 deposit for your reservation.*

## Rosedale Mennonite Missions

Contact Person: Karen Yoder

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