



# Church Mission Project Request Form

4101 Cox Road, Suite 100 • Glen Allen, Virginia 23060 • (804) 270-1848

Church Name:

Contact Person

Phone:

Church Name			Main Phone
Street Address			Other Phone
City	State	Zip	Fax Number
Contact Person	E-Mail		

Check Project Type (If project involves several categories you may select multiple options)

<input type="radio"/> Back Yard Bible Club	<input type="radio"/> Construction/Renovation	<input type="radio"/> Clean Up/Maintenance
<input type="radio"/> Drama/Puppets	<input type="radio"/> Evangelism/Survey/Outreach	<input type="radio"/> Food Distribution
<input type="radio"/> Medical/Dental	<input type="radio"/> Music Presentation	<input type="radio"/> Sports/Recreation
<input type="radio"/> Training/Teaching	<input type="radio"/> Vacation Bible School	<input type="radio"/> Other _____

**Age/Gender Desired for Project Members**     Youth     Adult     Male     Female

**Project Description**

Project/Phase	Start Date	End Date	Team Size

<b>Lodging</b> <input type="radio"/> Not Provided <input type="radio"/> Provided	<b>Lodging Type Available</b> <input type="radio"/> Member Homes <input type="radio"/> Church/Dormitory <input type="radio"/> Hotel/Motel <input type="radio"/> Camp
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<b>Meals</b> <input type="radio"/> Not Provided <input type="radio"/> Provided	<b>Meal Facilities</b> <input type="radio"/> Member Homes <input type="radio"/> Church Kitchen <input type="radio"/> Local Restaurants
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Comments:

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_