

SOUTH CAROLINA CAMPERS ON MISSION (COM) ENROLLMENT APPLICATION

Complete one form for EACH person.

CAMPERS ON MISSION	Name			Date	
	Spouse's NameAddress				
CAS ON MISS					
City	S	StateZip	Preferred Pho	one	
Email address			Birthday	'	
Member of another s	tate COM chapte	er?YN If so,	what chapter?		
Have you ever partici	pated in a missio	on project?Y	N If so, what? when	1?	
Project coordinated b	y what church/ o	organization			
Church Nama			Roon a r	nombor how long?	
				nember how long?	
Church Denomination					
Mark any of the follo	wing ministry are	eas that interests	you:		
Campground mini	stries	Church p	lanting	Raceway ministry	
Construction/mai	ntenance	Disaster	relief/rebuild	Seafarers ministry	
Fairs/festivals/spe	ecial events	Commun	ity prayerwalking	Revivals/preaching	
Clowning/balloon	s/facepainting	Sharing p	personal testimony	Landscaping	
Cooking/Serving		Music (in	nstrument)	Music (voice)	
Children's prograi	ms/camps	Social me	edia/website	Arts/crafts	
Medical / Dental		Administ	ration		
Vacation Bible sch	ool/Backyard Bil	ble clubs			
Emergency Contact					
Name		Relationship		Phone	
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Please complete this form for <u>each person</u> interested in joining SC Campers On Mission. Either 1) Scan and email to SC COM Secretaries LaNelle and Leon Ishmael at lanelleishmael@yahoo.com or 2) mail to 315 Audubon Circle, Belvedere, SC 29841. You'll be contacted by one of the SC COM officers to help you get involved in ministry.