



Lott Carey Baptist Foreign Mission Convention
 220 I Street, N.E., Suite 220
 Washington, D.C. 20002
 202/543-3200 (main) · 202/543-6300 (facsimile)
 Website: www.lottcarey.org
 E-mail: youthlottcarey@lottcarey.org

ADULT REGISTRATION FORM

Please complete a separate registration form for **each** adult (18 and older).
 All sections **MUST** be completed.

PERSONAL INFORMATION		
PLEASE (✓) ONE OF THE FOLLOWING: <input type="checkbox"/> Adult Male Associate (ages 18-35) --- <input type="checkbox"/> Adult Female Associate (ages 18-35) <input type="checkbox"/> Adult Male Chaperone (36 and older) ---- <input type="checkbox"/> Adult Female Chaperone (36 and older)		
Name (last, first, middle initial):	Date of Birth:	
	Age:	
Address (street address, city, state, zip code):		
Spouse's Name (if married):	Home Telephone:	Work Telephone:
Legal Guardian (if not married):	Home Telephone:	Work Telephone:
Date of Last Physical Exam (Month/Day/Year):	Date of Last Tetanus Shot (Month/Day/Year):	
LIST ANY KNOWN MEDICAL CONDITIONS:		
CHURCH INFORMATION		
Name of Church:		
Address:		
Pastor's Name:	Telephone (Church Office)	
Group Leader/Chaperone	Telephone (Cell)	
EMERGENCY CONTACT INFORMATION		
List at least two people who may be called in the event of an emergency if spouse or legal guardian cannot be reached		
Name:	Telephone:	Relationship:
Name:	Telephone:	Relationship:

MISSION SCHEDULE.

PLEASE READ:

- 1) Please indicate your preferred mission schedule by selecting a group by **COLOR**. You may choose **WHITE, BLACK** or **GOLD**.
- 2) All seminar attendees are required to participate in mission service opportunities in the Raleigh-Durham area during the course of the Youth Seminar.
- 3) All seminar attendees **MUST** participate in the Gleaning Mission **UNLESS** a severe medical condition exists.
- 4) All seminar attendees attending Polk Youth Institution **MUST** have a photo ID. Females **MUST** dress appropriately. Males **ARE NOT** allowed to wear caps.
- 5) All seminar attendees Gleaning are asked to bring one pair of work gloves, a bandana and/or cap, and hand sanitizer. Attendees are also asked to bring clothes and shoes they can discard after their mission assignment is completed.
- 6) If you are a Team Leader, you **MUST** accompany your youth to their mission assignment.
- 7) Team Leaders will be asked to select additional Mission Service Opportunities for their group.

<input type="checkbox"/> BLACK TEAM MISSIONS <p align="center">Monday</p> <p align="center">Society of St. Andrew - Gleaning Network of North Carolina (7:00 A.M. – 2:00 P.M.)</p> <p align="center">Do you have a SEVERE medical condition that prevents you from gleaning?</p> <p align="center">Please circle one: YES / NO</p>	<input type="checkbox"/> WHITE TEAM MISSIONS <p align="center">Tuesday</p> <p align="center">Society of St. Andrew - Gleaning Network of North Carolina (7:00 A.M. – 2:00 P.M.)</p> <p align="center">Do you have a SEVERE medical condition that prevents you from gleaning?</p> <p align="center">Please circle one: YES / NO</p>	<input type="checkbox"/> GOLD TEAM MISSIONS <p align="center">Wednesday</p> <p align="center">Society of St. Andrew - Gleaning Network of North Carolina (7:00 A.M. – 2:00 P.M.)</p> <p align="center">Do you have a SEVERE medical condition that prevents you from gleaning?</p> <p align="center">Please circle one: YES / NO</p>
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TRAVEL INFORMATION

Arrival Date (mm/dd/yyyy): 	Please check (√) one of the following: <p align="center"> <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Train <input type="checkbox"/> Other </p> Schedule: _____ _____ _____
Estimated Arrival Time: 	
Departure Date (mm/dd/yyyy): 	Please check (√) one of the following: <p align="center"> <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Train <input type="checkbox"/> Other </p> Schedule: _____ _____ _____
Estimated Departure Time: 	