Multiply Maine Missions 2020- Individual Registration Form

Name (that you are called)				
Date of Birth	age	Gender _	male _	female
Mailing Address:	City	Sta	te	_Zip
Cell Phone				
Email	Fa	acebook	yes	no
Will you be traveling with a team	n?yesno Church/group	name		
Trip dates:				
Do you have any physical issues we If so, please give details on the back	_	llergies, infirmiti	es, and mol	bility issues)
What special skills/abilities/experienevangelismteachingconstruction/landscaping _ others:	working with childrenv prayer walkingencourag	vorking with you gement	ith	
Have you served in Maine before?	yesno			
If yes, where?	when?			
* I have read and understand the	e information presented on the	separate infor	mation she	et.*
Name	date			
	Waiver of Liability			
In signing this waiver of liability, claims or responsibility for injurie knowingly assume all risks assoc participants or others, and assum	es suffered while serving as a m iated with participation, even if	nissionary in Ma arising from tl	aine in 202	20.1
Signature				
(parent/guardian signature if the	e participant is under 18 years	ot age)		
Print		date		

Please return this form to your team leader or to
Multiply Maine, 416 River Road, Edgecomb, Maine 04556
or by email to multiplymaine@gmail.com
Questions? Contact Roger Ferrell at 207.350.0065