

CARES Urban Mission Outreach Mission Team Registration Form

Dates of Mission:

(please print legibly)

Organization or Church Name	Contact Person
Street Address	City State Zip
Phone # ()	Cell # ()
E-mail	Fax # ()

Approximate number in group (youth and adults)

I understand that the cost is **\$25 per person/per night** to stay at Centenary United Methodist Church/CARES Outreach. 20 bunk beds are available on the third floor of the church. For planning purposes: Room 1: 10 beds, Room 2: 6 beds, Room 3: 4 beds. Rooms 2 & 3 have an adjoining door. A/C in rooms 1 & 2.

I understand a deposit of **\$150** is due in advance to reserve our spot. This deposit saves the date for our mission experience and is non-refundable.

I have read and signed the Centenary CARES **Liability Hold Harmless, Medical Emergency & Media Release*** agreement and will make it available to each person?
Yes/No

*Each person needs to read and sign a Liability Hold Harmless Release Form

(Contact Person's Signature)

(Today's Date)

Checks should be made out and sent to: (please put Urban Mission Outreach in memo)

CARES Outreach

Attn: Jo Wright, Director of Outreach
1610 Olive Street
St. Louis, MO 63103

Forms can be faxed to: 314-421-4625 (Attn: Jo Wright)

Questions can be directed to: 314-421-3136 ext. 105 or j.wright@centenarystl.org

CARES Outreach is excited to be your mission partner.

Thank You for taking the time to fill out this form.