

Group List.....

THIS FORM SHOULD ACCOMPANY YOUR WORKDAYS APPLICATIONS IF YOU ARE REGISTERING AS A GROUP

PLEASE INCLUDE ALL INDIVIDUAL APPLICATIONS FOR YOUR GROUP IN THE SAME ENVELOPE

Please print legibly or type information

Contact person: _____
Name of congregation or organization: _____
Address: _____ City/State/Zip: _____
Contact's Phone: _____ (day) _____ (home/eve.)
Email: _____

Total Number Registered _____ (*Remember to list all registered adults and youth*)
[If your group includes youth, there must be a ratio of at least 1 adult to every 5 youth.]

Do you have a particular site to which your group would like to be assigned?
If so which site?

Is your group willing to be split if we need help on more than one site? If you are willing and have a preference about how they are split, please indicate: _____

Name	Age	Drywall (1-5)	Roofing (1-5)	Carpentry (1-5)	Painting (1-5)
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					
11. _____					
12. _____					
13. _____					
14. _____					
15. _____					
16. _____					