



**Get
Real**
Relationships • Missions • Life

GROUP INTEREST FORM

Group Information

Name of Group: _____

Contact Person: _____

Phone 1: _____ Phone 2: _____

E-mail: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Group Type

Approximate number of attendees: _____

Approximate age range of attendees: _____

Approximate number of leaders: _____

Trip Information

Date you wish to attend: _____

Arrival Time: _____ Departure Time: _____

Desired number of nights you wish to stay: _____

My group is experienced in the following service areas:

Children Youth Construction Sports/ Athletics Arts Food

Other: _____

Does your group have any technical expertise? (i.e. electrical, painting, plumbing, construction) _____ If yes, what kind? _____

Briefly describe your vision for this trip: _____

Project(s) interested in: _____