

SHINE IN THE DARK COMMISSION *Missionary Sign-Up*

After confirming that your requested dates are available, please mail the information listed as soon as possible to reserve your dates.

DATES: Arrival ___/___/___ Departure ___/___/___ Page ___ of ___

PLEASE PRINT LEGIBLY. **Group Name:** _____

Name (Last, First)	Age/ M or F	Phone	Email	Address, City, State	Zip
1	/	() -	@		
2	/	() -	@		
3	/	() -	@		
4	/	() -	@		
5	/	() -	@		
6	/	() -	@		
7	/	() -	@		
8	/	() -	@		
9	/	() -	@		
10	/	() -	@		
11	/	() -	@		
12	/	() -	@		
13	/	() -	@		
14	/	() -	@		
15	/	() -	@		
16	/	() -	@		
17	/	() -	@		
18	/	() -	@		

NOTE:

Sign-Up List

Return Completed List to:
SHINE IN THE DARK COMMISSION, USA
P. O. Box 41223
Memphis, TN 38174-1223