



Impact Springfield Outreach Application

Please fill out the application form below (one per family), indicating any special circumstances in the space provided. **Turn in form by July 30th.**

- Monday & Tuesday, Aug. 7th & 8th (8 am - 4 pm)

Contact Information

Full name: _____ Age: _____

Mailing address:

Please list the best ways to contact you:

Phone number _____ Email address _____

Are you on Facebook? _____ If Yes, name it is listed under _____

Names of additional family members attending	Age	Special Circumstances (if any)

Emergency Contact: Name _____ Phone _____

It is Extend Global's policy for team members to abstain from alcohol, vaping, tobacco, and illegal drugs during the mission. Please circle one statement:

_____ I/We agree to this policy. _____ I/We have concerns I'd like to discuss.

Please describe any physical or dietary limitations not listed above in special circumstances.
