



KINGDOM WEEK PARTICIPANT INFORMATION

Please complete and return to your Home Church KW Contact person

PARTICIPANT NAME _____ TELEPHONE _____

ADDRESS _____ EMAIL _____

PARTICIPATING CHURCH _____ SHIRT SIZE _____ AGE (if under 21) _____

DAYS PLANNING TO ATTEND M__ T__ W__ R__ F__

IF YOU HAVE ANY SPECIAL SKILL SETS OR EXPERIENCE, LIST THOSE HERE:

EMERGENCY CONTACT _____ PHONE _____

ALLERGIES _____

OTHER MEDICAL CONCERNS _____

Note: All participants over age 18 are required to have clearances on file either at their home church or with Mt. Carmel.

For Home Church Use:

PARTICIPANT FEE _____ Clearances Verified by Home Church _____

Note: Participant fees cover all meals and Kingdom Week T-shirt. The participant fees are collected by the home church.

Suggested amounts are \$20 if participating 1 or 2 days, and \$10 per day for each additional day.

FOR MINORS PARTICIPATING:

In case of Emergency: I understand that every effort will be made to contact me. If I can not be reached I hereby give the leaders of Kingdom Week mission teams permission to act on my behalf in seeking medical attention for my child in the event that such treatment is deemed necessary. I give permission for those administering emergency treatment to do so, using those methods deemed necessary. I absolve Mt Carmel EPC and its' Kingdom Week Team Leaders from liability in acting on my behalf.

HEALTH INSURANCE PROVIDER _____ INSURANCE GROUP OR MEMBER # _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

EMERGENCY CONTACT _____ RELATIONSHIP TO CHILD _____

PHONE # _____ ALT. PHONE # _____