

Camp Tipton Mission Team Reservation Form

(Due with first deposit)

Name of Church (Group) _____

Address _____

City _____ State _____ Zip Code _____ Phone number _____

Email _____ Web Address _____

Senior Pastors Name _____ Email _____

Primary Phone _____ Secondary Phone _____

Team Leader Name _____ Email _____

Primary Phone _____ Secondary Phone _____

Team Leader Name _____ Email _____

Primary Phone _____ Secondary Phone _____

Mission Experience Dates

Arrival Date _____ Est. Time _____ Departure Date _____

(check out is by 10am)

Ministry Interest	# of team mem- bers	Skills your team has for each of these ministries
Day Camp		
Community Outreach		
Home Repair/Yard work		

Special needs of your team including any dietary needs

We understand that Camp Tipton a ministry of Chilhowee Baptist Association depends on mission teams fulfilling their commitment for volunteers per the Mission Team Reservation and Profile Form. Each individual group is responsible for doing a *criminal background* check for all adults 18 and older coming to Camp Tipton. Our church commits to send and fund at least as many mission team members as are indicated on the Mission Team Reservation and Profile Form.

_____ Date _____

Senior Pastor

_____ Date _____

Mission Team Leader

