

Children of the Dump

Group Mission Trip Application

This form needs to be filled out and sent to our offices along with \$1,000 to reserve your Mission Trip.

Name of group: _____

Contact person:

Street address:

City: _____ State: _____ Zip code: _____

Home phone: _____

Work phone: _____

Cell phone:

E-mail:

Number in group: _____

Dates of trip: _____ (1st choice)

Dates of trip: _____ (2nd choice)

Please fax this form to (610) 771-4040 (no cover sheet is needed) and then mail the original along with your check to:

Children of the Dump
718 Griffin Ave., PMB #207
Enumclaw, WA 98022-3462