



CMTS Work Project Registration Form

Please complete the Reservation Form below to reserve a space on a Work Project; then follow the directions beneath the Form to proceed.

Date _____

Church / Organization / Family Name _____

Address _____

City, State, Zip Code _____

Contact Person _____

Title/Position _____

Phone Number _____

Mobile/Cell phone _____

Email address _____

Preferred date for work project _____

Estimated number of participants: _____

The GROUP we are bringing will include:

- Number of adults and students _____
- Number of Boys/Men
- Number of Girls/Women
- Our FAMILY will include: _____

We provide meals and housing by donation.

Once we receive your reservation form, we will send you more details on your work project.