

BUILDERS OF HOPE

PROJECT NAME: _____

DATE: _____

NAME: _____ AGE: _____

ADDRESS: _____ PHONE: _____

E-MAIL: _____

Do you have medical insurance? _____

Transportation: _____ I will provide my own transportation

_____ I can take ___ additional persons in my vehicle

_____ I will need transportation

_____ I prefer to assist with meal preparations

Please complete and mail completed registration to Builders of Hope.

Please mail a deposit of \$25.00 along with registration to

Builders of Hope
P. O. Box 2558
Elkhart, IN 46515-2558

Questions: Call Mike Schaffer at 574-596-1541.