

YWAM Sacramento - iMissions

Group Application

Please fill out this form completely, and return to us as soon as possible.

Group Name: _____

Group Leader's Name: _____

Church/Ministry Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Emergency Contact Person: _____ Phone: _____

Expected size of your group? _____ Age Range of Participants: _____

Number of Girls: _____ Number of Guys: _____

When would you like to arrive? _____
DATE TIME

When would you like to depart? _____
DATE TIME

Expected size of your group? _____ Age Range of Participants: _____

What is your desire in bringing your group to serve in Sacramento? _____

Is there anything else we should know about your group (desired ministry focus, etc.)?

Upon completion, please mail this form to:

- Or email it to info@ywamsac.com

- Or fax it to 916-374-7372

YWAM Sacramento

ATTN: iMission Outreach

PO Box 348133

Sacramento, CA 95834

* "iMissions" = Inner-City Missions

