



Mission 2016 Registration: Project Hillcrest, Nassau

Name _____

Address _____

City/State/Zip _____

Email _____

Age _____

Skills _____

Documents: enclose copy of drivers license and passport

Emergency Contact Information:

Name _____

Phone _____

Email _____

√ check the week you are registering for **(Cost is \$500)**

Week 1: January 9-16 _____

Week 2: January 16-23 _____

Week 3: January 23-30 _____

Week 4: Jan 30 - Feb 6 _____

Mail this registration form along with your \$200 deposit to:

Alliance Men

1155 Orchid Ave • Keystone Heights, FL 32656