

# Matamoros Children's Home Facilities Reservation Request

**Church/Organization** \_\_\_\_\_

**Pastor/Principle Contact** \_\_\_\_\_

**Staff Contact** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **Email** \_\_\_\_\_

**Preferred Dates of Service (please provide 3 dates)**

**Option 1**  **Option 2**  **Option 3**

### Mission Team Information

**Estimated number of team members\***

**Males**

**Females**

**\*Total number cannot exceed 120 (60 males & 60 females) because of limitations of facilities.**

### Mission Projects\*

**VBS**  **Construction**  **Medical**  **Dental**

**Other (specify)**

**\*Team is required to participate in a designated mission activity at a location determined by the Director. Please see Rules for Visiting Mission Groups**

**Signature Field (must be signed by Church Pastor or Mission Pastor)**