

N. Wis. Dist. LWML Domestic Mission Trip

Minneapolis April 22-25, 2010

Registration Deadline: March 25

Name _____

Address: _____

City/State/Zip: _____

Best Phone Number: _____

Email Address: _____

- I will meet the group at the hotel on Thursday evening, April 22.
- I will meet the group at the hotel at 8:00am on Friday morning, April 23 and participate in the group Bible study.
- I would like to ride with other attendees for as much of the trip as possible and
 - I am willing to pick up people along my route. I can take an additional _____ people.
 - I prefer to ride with someone and will help pay for gas.
 - I plan to ride with _____

During the free time on Saturday afternoon, I would prefer to:

- go shopping at the Mall of America
- visit an area museum or gallery (suggestion) _____
- tour Concordia University—St. Paul
- Other _____

Because we will be working with children, we are required to submit background checks. The following information is needed for these checks and will be cut off and shredded upon receipt of approval by the state.

Race: _____ Date of Birth: _____

Social Security Number: _____

Send completed form and \$100.00 deposit (make checks payable to NWD LWML) to:
Sonja Baumeister * E5120 Margaret St. * Ironwood, MI 49938
906-932-3771 * sunnydeac@yahoo.com