

## JOIN THE TEAM

Name:			
First	MI	Last	
Address:			Phone:
		Hm.	
		Cell	
Email:			
<b>Emergency Contact Name</b>			Phone:
Church Name:			
Birthday: Gender: Male Female			
T-shirt Size:		-	
Arrival Date & Time:		Depa	arture Date & Time:
Travel Method: Driving or	Flying		
Which mornings and afterno	ons will yo	u be able to help	reviveASHEVILLE? (Circle all that apply):
4/16 – a.m. / p.m. 4/1			n. / p.m. 4/19 – a.m. / p.m. 4/20 – a.m. / p.m. 4/22 – a.m. / p.m.
Lodging Required (Circle	One): Hote	l Single, Hotel Do	puble, Staying with a Resident, Do not need lodging
Preferred Team Participat	ion (Circle	all that apply):	
Evangelism, Prayer, S			Insportation, Hospitality, Lodging, Connection, Support, Facilities
Any special needs or request	s?		



PHONE: 855\_CALL\_TTR

QUESTION/COMMENTS: JLAY@TIMETOREVIVE.COM