

RHINO: Rebuilding Hope in New Orleans

Group Reservation Form

Name of Church/Organization: _____

PREFERRED WORKING DATES

Start date (*arrival to SCAPC*): _____

End date (*departure from SCAPC*): _____

TEAM LEADER (*name*): _____

(*address*): _____

(*phone*): _____ (*cell*): _____

(*fax*): _____ (*email*): _____

TEAM/PERSONAL EXPERIENCE (*please list any specialized experience or skills within your work group members.*)

PARTICIPANTS

Please note that each participant will need to submit a copy of their health insurance card, as well as a completed health and liability form.

Name	Age	EMERGENCY CONTACT Name/Relationship/Phone #'s	T-Shirt Size (S, M, L, XL)

(cont.)

