



8383 Craig Street, Ste. 335
 Indianapolis, IN 46250
www.fhlinternational.org
 Noblesville Area

FAITH, HOPE AND LOVE MISSION WEEK 2009 Registration Form July 19-24, 2009

Pre-registration deadline is June 28, 2009 (Ensures T-Shirt Size)

First Name: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____ Speak Spanish: Yes ___ No ___
 Add to FHL mailing list: Yes ___ No ___ Prefer: Email ___ Mailed ___

Family Participants:

Spouse: _____ Child: _____ Age: ___
 Child: _____ Age: ___ Child: _____ Age: ___
 Child: _____ Age: ___ Child: _____ Age: ___

Skill Set: (for example: cleaning, carpentry, painting, bus driver, electric, plumbing, flooring, musical)
 Other: _____

Mission Days: 9:00 a.m. - 3:00 p.m. (Bring a sack lunch and see attached schedule for locations)
 Individual cost \$10.00 per person for the week (suggested donation)
 T-shirt cost: \$15 indicate size below (also covers some material costs for the projects)
 Maximum cost of \$50.00 per family.

Please indicate number of volunteers per day:	T-Shirts (\$15.00 each) Indicate Quantity:
___ Monday	Sm _____ XXXL _____
___ Tuesday	Med _____ Sm (Child) _____
___ Wednesday	Lg _____ Med (Child) _____
___ Thursday	XL _____ Lg (Child) _____
___ Friday	XXL _____
___ Total Mission cost (# of vols x \$10)	Total T-shirts x \$15.00 =

(Max. \$50.00 due per family)

Make check payable to White River Christian Church.

Grand Total: \$ _____ (Mission day cost + T-Shirt costs)

Date: _____ Waiver Signed: Yes ___ No ___ Amount Paid \$ _____ Cash: _____ or Check # _____



White River Christian Church
 1685 North 10th Street
 Noblesville, IN 46060
 317-773-2233 wrcc.org

WAIVER AND INDEMNITY:

By affixing my/our signature to this form, I and all family members signed up to volunteer agree to participate as a volunteer with Faith, Hope and Love, and hereby waive any and all claims by me/our heirs and estate against Faith, Hope and Love International Inc. and its directors, officers, staff and volunteers for any and all liability, damage or expense from any accident, illness or injury that may happen to me/us by reason of my/our participation as a volunteer of Faith, Hope and Love. This waiver is made knowingly and voluntarily without coercion of any kind.

I/we acknowledge and agree to indemnify and hold Faith, Hope and Love International, Inc. and its directors, officers, staff and volunteers harmless from and against any and all liabilities, damages and expenses including attorney fees arising from my/our volunteer activities with Faith, Hope and Love International Inc. including the enforcement of this Waiver and Indemnity Agreement.

Volunteer Signature: _____
 Print Name: _____
 Date: _____

Volunteer Signature: _____
 Print Name: _____
 Date: _____

If under 18 years old signature of custodial parent or legal guardian required. Is/are child(ren) age 18 or older?

If Yes _____ ***(Child(ren)'s initials)***

If No – Guardian's signature is needed below.

The undersigned hereby acknowledges and affirms that they are the custodial parent or legal guardian of the under age 18 volunteer(s) named above, and does hereby consent to the child(ren) serving as a volunteer(s) of Faith, Hope and Love. The undersigned does hereby further agree to be bound by the terms of this Waiver and Indemnity Agreement.

Guardian Signature: _____
 Print Name: _____
 Date: _____