

## TEAM APPLICATION

TEAM FEE: \$55

NAME				
ADDRESS				-
CITY	STATE	ZIP		
PHONE (including area	a code)			-
DATE OF BIRTH				
PARENT OR GUARD	IAN			-
CHURCH	NAME OF PASTOR			
	RTICIPATION IN CHUR			_
HAVE YOU APPLIED	FOR A TEAM POSITIO	N BEFORE?		_
DATE OF APANTAO	I AM APPLYING FOR:_		NO	_
REASON I WANT TO	PARTICIPATE ON TEA	M IS:		

Due to the number of applications, this is the only form that will be accepted. You may print and send this completed form. Forms will also be available at all Apantao Reunions and other events, or

you may write for additional forms by sending a self-addressed stamped envelope to:

BIG SKY APANTAO P.O. BOX 1955 GREAT FALLS, MT 59403