RESERVATION FORM

Village Mountain Mission Project

My organization would like Dominican Republic during	to reserve a time slot with the Village Mountain Mission Project in the year
Type of organization (Boy	
Scout, school group, etc.)	
Unit number	
(if applicable)	
Contact name	
Your position in	
organization	
Address	
Phone number(s)	
E-mail address	
2 man address	
Number of expected	
participants	
Likely date(s) to	
participate (dd mm yy)	
Date submitted	
agree on an acceptable da schedule shown in the proj 30 days prior to your trip.	rm once you have submitted a \$500 non-refundable deposit and we te. To retain your reservation, you must be current with the paymer ect's Leaders Guide. Also remember, your finial payment is due
*Please send a hard copy (made out to <i>The Village</i>	of this form plus your deposit check Mountain Mission) to:
The Village Mountain Mi Attn: Jodi Bird 2305 Hamburg Rd SW Lancaster, OH 43130	ssion
*Please send a digital copyillagemountainmission@g	y of this form to our director Loryn Pinney at mail.com.
Contact's signature	Date