

"SAVING GRACE" MINISTRY

RESERVATION FORM

Please complete and return these forms to help us plan more efficiently and to better utilize your talents and skills while you are in the New Orleans area.

NEED LODGING: _____ NEED WORK SITE: _____

Church / Organization: _____

Address: _____

Name of Group Leader: _____

Group Leader Phone Number: _____ Cell Phone: _____

Group Leader E-mail Address: _____

Total number of volunteers: _____ Adults: _____ Youth (under 18): _____

of Adult Males _____ Adult Females _____ Youth Males _____ Youth Females _____

Arrival Date & Time: _____ Departure Date & Time: _____

Mode of Travel: _____

Any special requests: _____

Other Team Leaders: _____

Other Team Leaders Cell Phone Numbers: _____

Service Work Partner (if known): _____

Special Skills of Your Team and # of team members with those skills:
