

# Volunteers in Mission Registration Form

Please complete the registration form and include a deposit of \$100 per person or full payment.  
Detach the form and mail with check or money order payable to  
"Kansas West Conference" to:  
VIM Registrar, 9440 E. Boston Suite 110, Wichita KS 67207.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

I attend \_\_\_\_\_ church.

RV \_\_\_\_\_ Non-RV \_\_\_\_\_

Trip(s) I am registering for:

Trip Name	Trip Dates	Cost	Amount enclosed
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**For updated information about conference-sponsored VIM project teams and descriptions,  
see the VIM pages in the Ministries section of the conference website at  
[www.kswestumc.org](http://www.kswestumc.org)**

This space for office use only.

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