



Team Leader Initial Planning Form

* Send this completed form and a \$500 deposit to secure a trip date.

Dates Requested: _____

Name of Church or Group Represented: _____

Team Leader's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Organization Contact Person (if not the same as listed above): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Specific Purpose or Activities Planned: _____

Estimated number of Team Members: _____

***You will NOT be responsible for filling this number of spots. It is just to help HMM have an idea of the size of your group.**

Mail to: Hispaniola Mountain Ministries
6530 Dogwood View Pkwy
Jackson, MS 39213

Please contact the HMM office if you have any questions:
601.362.8676 info@gohmm.org Fax: 601.362.8691