



# STM Team Registration Form

## CHURCH CONTACT DETAILS

CHURCH NAME

ADDRESS

POST/ZIP CODE

TELEPHONE NO

FAX (if available)

WEBSITE ADDRESS

MAIN EMAIL ADDRESS

SENIOR MINISTER

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## MISSION TEAM DETAILS

DATES

DESTINATION

TEAM LEADER

TEAM SIZE

Please return completed forms via email to your STM coordinator/NLI representative

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**TEAM INFORMATION**

<b>Name</b>
<b>Address</b>
<b>Phone</b>
<b>Email</b>
<b>M/F</b>
<b>Age</b>

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