

Touching Miami With Love
MISSION TEAM APPLICATION

Please Return Application and Deposit to:

Touching Miami With Love
PO Box 01-3279
Miami, FL 33101

Phone: (305) 416-0435

Email: tml@touchingmiamiwithlove.org

Website: www.touchingmiamiwithlove.org

Group Name/Church Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(____) _____ Cell Phone:(____) _____

Email: _____

Note: All participants under 18 must have signed parental permission slip and notarized statement from both parents or guardians.

- Does anyone on your team have a medical condition that the TML staff members need to be aware of? (diabetic, allergies) Please provide team members name and condition.

- Do you agree by your signature below to abide by the expectations and conduct of Touching Miami With Love's policies? _____(no alcohol, no smoking, no sexual activity between unmarried participants, obey curfew guidelines; proper dress, other defined guidelines by the travel leader)

- Do you understand that participants who disobey these guidelines may be sent home at participant's expense? _____

Signature of Team

Leader _____ Date _____