



# The Annunciation Mission

## Where You Are Always

### Team Registration Form

*Please submit this form to reserve your space.*

### Welcome

Organization's Name:

Organization's Street Address

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

Team Leader: \_\_\_\_\_ Title: \_\_\_\_\_

Office No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Email Address \_\_\_\_\_

Team Leader: \_\_\_\_\_ Title: \_\_\_\_\_

*(if applicable)*

Office No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Arrival \_\_\_\_\_ Time of Day \_\_\_\_\_

Arrival Mode: (circle one) Air Bus Automobile Other: \_\_\_\_\_

Date of Departure \_\_\_\_\_ Time of Day \_\_\_\_\_

Departure Mode: (circle one) Air Bus Automobile Other: \_\_\_\_\_

If possible, will you be driving or renting a vehicle? Yes No

Size of Team \_\_\_\_\_ Men \_\_\_\_\_ Women \_\_\_\_\_ Number of Youth \_\_\_\_\_

Please give a brief description of the skills of your team.

With which organization do you plan to work (ex. Annunciation Mission, Habitat for Humanity, etc.)

Total No. of people \_\_\_\_\_ x \$10 = Total Non-Refundable Deposit \_\_\_\_\_

Total No. of people \_\_\_\_\_ x Total No. of Nights \_\_\_\_\_ x \$25 = Total per diem \_\_\_\_\_

Please make all checks payable to: The Annunciation Mission  
Attn: Duane Nettles  
4512 S. Derbigny Street  
New Orleans, Louisiana 70125

Please submit the Non-Refundable Deposit along with the Team Registration Form in order to reserve your team's stay. The Total per Diem is due upon your groups arrival.

**A Ministry of the Church of the Annunciation**  
**4505 S. Claiborne Avenue New Orleans, Louisiana 70119**  
**504.895.8697 (office) 504.895.8696 (fax)**  
**[www.annunciationmission.org](http://www.annunciationmission.org)**