



TEAM PLANNING FORM

TEAM CAPTAIN:

COUNTRY OF SERVICE:

DATE OF TEAM SERVICE:

ESTIMATED NUMBER OF TEAM MEMBERS:

AIRLINE PREFERENCE/CITY OF DEPARTURE:

Please indicate the type of team:

Medical & Dental _____

Evangelism _____

Please indicate the various ministries that the team will have:

_____ Medical Clinic How many providers? US _____ National _____

_____ Dental Clinic How many dentist? US _____ National _____

_____ Pharmacy

_____ Children's church (30 minute sessions with children from tent)

_____ Children's VBS (Approx 2 hr sessions with all children)

_____ Youth activities (specify type/needs) _____

_____ Veterinarian clinic

_____ Eyeglasses with autorefractor

_____ Eyeglasses without autorefractor

_____ Clothes or Gift store

_____ Shoes

_____ Food ministry (rice and beans)

_____ Street or door-to-door evangelism

_____ Construction

_____ Hair washing/ hair cutting ministry

_____ Hearing aid, audiologist clinic

_____ Photo

Would your team like to purchase bibles in Honduras, if so how many cases (24 per case)? _____

Construction budget (if applicable) _____

Special request/needs _____

Suggestions: _____