

PRIORITY 1 URBAN OUTREACH

GROUP APPLICATION PROCEDURE

1. All applications should be completed and sent to:

PRIORITY 1 MINISTRIES
URBAN OUTREACH TEAMS
PO Box 226
Chambersburg PA 17201

Phone: 717-264-7767
Email: bonnie@priority1ministries.org

2. Applications will be processed and week assigned on a first-come/first-serve basis.
3. After receiving a completed application, the Priority 1 office will confirm the ministry week with the group by sending a confirmation letter.
4. The total cost per person may vary according to the city of ministry. A \$50.00 per person deposit (non-refundable but **is transferable** to a replacement) is to be mailed-in no later than 1 month following official confirmation from our office. The total amount of deposit is to be based on a (tentative) Team List of participants. Any changes in the Team List need to be made no later than May 15. Checks are to be made payable to: **Priority 1 Ministries** (memo: Urban Outreach). The balance (per person) is due no later than two weeks prior to arrival. If there are any last minute team member cancellations, no credits will be issued for deposits made but not utilized.
5. Urban Outreach teams are for Senior High School age youth only (can be going into 9th grade). Final list of participants must be confirmed with the Priority 1 office no later than May 15. Team list must include all members: names, ages, and t-shirt sizes of all participants. Teams are required to bring 1 adult leader for every 5 youth.
6. Arrival time in the Bronx is to be no later than 3:30 PM on Sunday. The time of departure will be Friday morning, following: breakfast; a time of debrief; and cleaning housing facilities.

PRIORITY 1 MINISTRIES
Urban Outreach Teams (Senior High only)
Group Application

(Please print clearly)

Date _____

Church/Group: _____ Denom. /Affiliate: _____

Address of Church: _____
(Street or Post Office Box)

(City) (State/Province) (Zip)

Church Phone : _____ Contact Person: _____

Contact Home Phone: _____ Cell Phone: _____

Contact Email address: _____

Address: _____
(Street) (City) (State/Prov) (Zip)

Tentative Outreach Dates: (List in order of preference, to be confirmed by Priority 1)

First choice Week dates: _____

Second choice Week dates: _____

Third choice Week dates: _____

Group Size: _____ Adults? _____ Youth Females? _____ Youth Males? _____

Specific skills your group will bring to Priority 1:

Music (include musicians): _____

Puppetry: _____

Drama (skits): _____

Evangelism Training: _____

Other Specialized Skills: _____

Office Use Only

Confirmed Group Total: _____ Date of Deposit: _____

Amount of Deposit: _____ Balance Paid: _____

Confirmed Ministry Week: _____

URBAN OUTREACH TEAM LIST

Page _____ of _____

CHURCH/GROUP NAME _____ Outreach Week: _____

Contact Name: _____ Email: _____

The following information is to be completed for each team member. List team members: leaders first, then youth according to age (begin with youngest). Duplicate this page as needed to include all members of your group (indicate any part-week participants and which days).

Name _____ Age (during outreach) _____

M _____ F _____ Shirt Size (adult sizes - circle one) S M L XL Other _____

Additional Information (any information that may be helpful for Priority 1 to know, including food allergies)

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