



GROUP LEADER AUTHORIZATION & GROUP RESERVATION

USE ONE FORM PER CAMP

Event: Called Camp 2024



THIS FORM IS TO ENSURE THE PERSON INTENDING TO SERVE AS THE GROUP LEADER FOR THEIR CHURCH HAS BEEN APPROVED BY THE LEAD PASTOR OF THAT CHURCH. THE PURPOSE OF THE GROUP LEADER IS TO IDENTIFY ONE PERSON THAT WILL SERVE AS THE PRIMARY CONTACT AND PERSON RESPONSIBLE FOR INFORMATION AND COMMUNICATION ON BEHALF OF EACH CHURCH FOR THE EVENT. REGISTRATION FOR ANY EVENT WILL NOT BE AVAILABLE TO PARTICIPANTS UNTIL THIS FORM HAS BEEN COMPLETED AND RECEIVED BY NM STUDENT MINISTRIES.

MAIL: NMSM, 6640 CAMINITO COORS NW, ALBUQUERQUE, NM 87120

EMAIL: APOPER@NMMINISTRY.NET

<h2>GROUP LEADER INFORMATION</h2> <p>CHURCH NAME: _____</p> <p>CHURCH CITY: _____</p> <p>LEADER NAME: _____ (FIRST, LAST)</p> <p>GENDER: MALE FEMALE (CIRCLE)</p> <p>PHONE: _____</p> <p>EMAIL: _____</p>	<h2>RESERVATION</h2> <p>TOTAL # OF SPACES YOU WANT TO RESERVE _____</p> <p>Male _____</p> <p>Female _____</p>
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LEAD PASTOR AUTHORIZATION

AS THE LEAD PASTOR OF THE ABOVE LISTED CHURCH, I AUTHORIZE THIS GROUP LEADER APPLICANT TO SERVE AS THE GROUP LEADER AND RECEIVE ALL REGISTRATION INFORMATION PERTAINING TO REGISTRANTS ATTENDING WITH MY CHURCH.

_____ (PRINT NAME)

_____ (SIGNATURE) _____ (PHONE)

GROUP LEADER AGREEMENT

AS THE ASSIGNED GROUP LEADER, I WILL TREAT ALL REGISTRANT INFORMATION PROFESSIONALLY AND WILL USE THAT INFORMATION FOR THE SOLE PURPOSE OF THE INTENDED EVENT. I ACKNOWLEDGE THAT IN RECEIVING THE REGISTRANT INFORMATION I AM RESPONSIBLE TO PROTECT THE PRIVACY OF THE REGISTRANTS HEALTH HISTORY AND OTHER PERSONAL DETAILS.

_____ (PRINT NAME)

_____ (SIGNATURE)

ONCE THE COMPLETED FORM AND SENT TO DEVONNA CUMMINS AT DCUMMINS@NMMINISTRY.NET, THE GROUP LEADER WILL RECEIVE AN ACCEPTANCE EMAIL FROM DCUMMINS@NMMINISTRY.NET INDICATING THAT YOUR GROUP IS READY TO CONTINUE WITH THE REGISTRATION PROCESS. ACCEPTANCE MAY TAKE UP TO 10 DAYS.