



MISSION PROJECT REGISTRATION FORM

VBS Dates _____

Time: _____

Our Vacation Bible School would like to partner with the City Rescue Mission
and take our **VBS to the RESCUE!**

Church Name: _____

Church Address: _____

City/State/Zip: _____

Church e-mail: _____ Church Phone: _____

Pastor's Name: _____

VBS Director/Contact: _____ Contact Phone: _____

Best Time to Call: _____ Contact e-mail: _____

Number of Children Expected: _____ VBS Theme: _____

Our Vacation Bible School would like to participate by:

- Taking a monetary offering Collecting Personal Hygiene Products

Would you like to have a member of the RESCUE Patrol (a CRM staff missionary) visit your VBS and share about the ministries of the City Rescue Mission? (expect a 10-15 minute presentation) Yes No

If yes, when: 1st Choice Date & Time: _____

2nd Choice Date & Time: _____

(Please note, we have found that it is usually best not to plan a visit on the first day of your Bible School.)

Directions to Church: _____

Want more information about the City Rescue Mission or **VBS to the RESCUE?** Call Mary Lee Green at (724) 652-4321 ext. 107 or check the Mission's web site at www.cityrescuemission.org.

Send your completed form to:

Mary Lee Green
City Rescue Mission
PO Box 965
New Castle, PA 16103-0965

