

Flower City Work Camp 2010
April 19 – 23, 2010

Master List of Overnight Leaders
 (to be filled in by Church Contact or Committee Representative)

Church Name: _____

Contact Person: _____

Contact Address: _____

Phone Number: _____

E-mail Address: _____

	Male Leader	Phone	Female Leader	Phone
Monday				
Tuesday				
Wednesday				
Thursday				

Do any of the above volunteers have medical or first aid training? If so, please identify names and type of training below.

Complete this form and return both this Master List and the individual applications
 no later than **March 1, 2010** to:

Claudia Zuch
 41 Coburg Street
 Rochester, NY 14612
 cmzuch@juno.com