

# **BGM**

## **But God Ministries**

### **Team Leader Initial Planning Sheet**

**\* Send this completed form and a \$500 deposit to secure a trip date.**

**Dates Requested:** \_\_\_\_\_ **Check Location:** ☐ Galette Chambon  
☐ Thoman

**Estimated number of Team Members:** Female: \_\_\_\_\_ Male: \_\_\_\_\_

- Galette Chambon Hope Center has beds for 24 participants: 2 dorm rooms with 8 beds each and 2 dorm rooms with 4 beds each.
- Thoman Hope Center has beds for 28 participants: 2 dorm rooms with 8 beds each and 2 dorm rooms with beds 6 each.

If extra accommodations are needed, please contact BGM to see **IF** extra space can be arranged.

**Name of Church or Group Represented:** \_\_\_\_\_

**Team Leader's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Organization Contact Person (if not the same as listed above):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Specific Purpose or Activities Planned:** \_\_\_\_\_

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**EVERY TEAM LEADER NEEDS TO FOLLOW THE TEAM LEADER CHECK LIST. THIS CHECK LIST CAN BE FOUND AT [www.butgodministries.com](http://www.butgodministries.com) ALONG WITH ALL INSTRUCTIONS AND FORMS NEEDED FOR TRIP PREPARATION.**

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