



## Servant Event Group Registration Form Ysleta Lutheran Mission Human Care

Name of Church/Organization: \_\_\_\_\_

Team Leader/Contact Person: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Trip: Arrival Date \_\_/\_\_/\_\_ Departure Date \_\_/\_\_/\_\_

Number of Participants: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Minors: \_\_\_\_\_

Number of Married Couples: \_\_\_\_\_ Number of Adults (over 25): \_\_\_\_\_

Nights staying at Ysleta Lutheran Mission: \_\_\_\_\_ Nights Staying Elsewhere: \_\_\_\_\_

Method of Transportation (Please Select): Driving Flying

If both, how many will be driving? \_\_\_\_\_ How many will be flying? \_\_\_\_\_

Will you be renting a personal vehicle while in El Paso? Yes No

Do you need airport pickup/drop-off? Yes No

Airline/Flight Information: Airline Name: \_\_\_\_\_ Flight Number: \_\_\_\_\_

Arrival Date and Time: \_\_/\_\_/\_\_ @ \_\_\_\_\_ Departure Date and Time: \_\_/\_\_/\_\_ @ \_\_\_\_\_

\*\*\* Please e-mail itinerary of all participants flying to the Servant Event Logistics Facilitator\*\*\*

[luz.soto@ylm.org](mailto:luz.soto@ylm.org)

**Select One:** We will cook for ourselves We would like to hire a caterer

If you would like to hire our caterer, what days/meals will you be eating at YLM? Select all that apply.  
Please keep in mind, the caterer does not cook on Saturdays.

	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.
<b>Breakfast</b>						
<b>Lunch</b>						
<b>Dinner</b>						

**\*\* Monday to Friday lunch will be a packed lunch \*\***

Are there any dietary restrictions (dairy-free, gluten-free, vegetarian, vegan, diabetic) or allergies our caterer needs to be aware of:

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If you have already requested/been assigned a project, please describe it here:

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Do you have any plans for sightseeing/shopping during the week? Please list any that you know of at the time of filling out this form and note if you would like to request our staff's accompaniment:

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Is there anything else we should know about your group?

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**Please attach a copy of your church/organization's current Certificate of Liability Insurance (COI) with Ysleta Lutheran Mission Human Care as the Certificate Holder and the dates of your event.**

Please return complete group registration form with non-refundable deposit of \$100 per person to:

Attn: Servant Event Logistics Facilitator

Ysleta Lutheran Mission Human Care

301 S. Schutz Drive

El Paso, TX 79907

If there are left-over funds from your construction funds, would you:

- Donate towards Greatest Need
- Roll-over for next year's deposit