

Contact:	cese of:	Title:			
Email:		Phone:			
	Number of Missionaries:		x \$450 =		_
	Coordinator or Priest:		x \$450 =		_
	Number of Team:		x \$450 =		_
	Number for Extra Day:		x\$ 50 =		_
			Total Cost:		_
			Deposit:	- \$450 due with this	s form
			Balance Du	ie:	回影数回