



*Kendall Optometry Ministries, Inc*  
**Information Request Sheet**



Please fill in the following information if you are requesting assistance in your optical team ministry.

**Your information:**

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Phone: ( ) - \_\_\_\_\_ Work Phone: : ( ) - \_\_\_\_\_

Cell Phone: ( ) - \_\_\_\_\_ FAX: : ( ) - \_\_\_\_\_

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

Address #2: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will you be the optical team leader? Yes \_\_\_ No: \_\_\_

Do you wish to use the equipment? Yes \_\_\_ No: \_\_\_ Do you need training? Yes \_\_\_ No: \_\_\_

Start/end trip date: (Mo/Day/Yr) \_\_\_\_\_ Where are you going? \_\_\_\_\_

Is this a Christian Mission Team? Yes \_\_\_ No: \_\_\_ Are you a Christian? Yes \_\_\_ No: \_\_\_

Name and address of your Church: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church Phone: : ( ) - \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Tell us more about the team and the reason for the trip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail your request to:

Kendall Optometry Ministries, Inc  
 4820 Nottinghamshire Drive  
 Jeffersontown, Ky. 40299  
 Phone: 502-640-2227 FAX: 502-379-4677