

# Kendall Optometry Ministries, Inc

## Optical Training Signin Sheet for:

Select  
class  
Date

Please fill in the following information so that I may communicate with you later should there be new developments or announcements. E-Mail form to: [HollandKendall@kendalloptoministry.org](mailto:HollandKendall@kendalloptoministry.org)

### 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: \_\_\_

**Team Captain Name:** \_\_\_\_\_ **Date of trip: (Mo/Day/Yr)** \_\_\_\_\_ **Start & End date**

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

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

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

**Enter further comments about your team and your participation with optical ministry.**