

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.

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: ___

Start & End date

Team Captain Name:

Date of trip: (Mo/Day/Yr) _____

Name: _____ E-Mail: _____

Home Phone: () - _____ Work Phone: : () - _____

Cell Phone: () - _____ FAX: : () - _____

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