

We are excited that your group is interested in coming and joining us! We are excited to help plan your mission trip or allow your group to plan according to your specific needs. Please fill out the form and one of our staff will contact you very soon. Send completed digital form to info@impactmb.org

Leader First Name	Last Name	
Leader Phone Number	Church/Group I	Phone Number
Email Address		
Street Address		
City	State	Postal/Zip
Mission Team Information What part of IMPACT are you interested i	in?	
○ Use of Retreat Center ○ Pre-Program		Mission Programming
Approx. Date of Desired Visit No. of	f Adults No. of Gir	No. of Guys
First time or returning to IMPACT?		
○ First Time ○ Returning No. of y	vears & last visit	
Additional Information		