

# IMPACT TEAM APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # home \_\_\_\_\_ cell \_\_\_\_\_

E-MAIL \_\_\_\_\_

T-SHIRT SIZE – YOUTH OR ADULT \_\_\_\_\_

DATE OF FALL BREAK AT YOUR SCHOOL \_\_\_\_\_

BRIEF  
TESTIMONY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature-NYI Director

\_\_\_\_\_  
Signature-Parent-Guardian