

Builders for Christ



May 14, 2010

Dear Friends:

God is redirecting our June Mission trip this year from Conyers, Georgia to Crosby, Mississippi. The company providing the steel that will be used for the church in Conyers is behind schedule and the supplier anticipates at least a 30 day delay. This delay makes it impossible for us to do any framing there the first of June.

Doors have been opened for us to frame a small education space at Crosby Baptist Church in Crosby, Mississippi. We will begin work on Thursday, June 3 and will continue working through Thursday, June 10. This will allow Crosby to prepare for another mission team that will be arriving on Saturday, June 12.

Pray that everything will go according to schedule so they will be ready for us and that we will be able to accomplish all that God would have us to because we know that our God "is able to do exceedingly abundantly above all that we ask or think, according to the power that works in us," so that He will be glorified "in the church by Christ Jesus to all generations, forever and ever." (Eph 3:20-21 NKJV)

The current facilities at Crosby Baptist Church are very small and housing will be an issue. It is imperative that you return the housing information to Dano Rainer so that he will be prepared to handle accommodations for our team. Crosby is a small community and the church is located on Highway 33.

The cost for meals this year will be \$15 per child between the ages of 5 and 12 and \$45 per person for those older than 12. Each church represented should assign one person from the church to collect money for meals and that one person give the money to Lois. Please bring cash due to the difficulty of cashing out of town checks.

Please complete a Medical Form in case an emergency arises. Return the completed medical forms to Dutchtown Baptist Church by May 20. This will allow us to have them organized and reviewed by the onsite nurse.

As we minister throughout the community, please remember that we are serving Christ and our dress and attitudes need to be appropriate.

Jay and Jennifer Heffron will be leaving July 13 for Latvia for a year to work at the Sparrow's Nest Orphanage. They are asking for prayer as they minister and for their children while they are gone. To help Jay and Jennifer with the transition from Oklahoma to Latvia, a love offering will be taken for them in Crosby.

Also, Jennifer needs someone to take over Back Yard Bible Club. She will be bringing all the supplies and someone will need to take them. Be in prayer as to how God will allow this ministry team to minister in Crosby.

Mr. Perry Hull will be overseeing the witnessing team. Our goal is that everyone who comes on the site will hear the gospel and / or leave with a gospel tract. If you would like to help with this ministry please contact Jo Ann Hullum at Dutchtown Baptist Church.

We look forward to seeing you and doing the work that God has planned for us.

Sincerely,

A handwritten signature in cursive script that reads "Paul Harris".

Paul Harris

Medical Form

Please complete this form and return it to Dutchtown Baptist Church at 36495 C. Braud Road, Prairieville, LA 70769 by May 20.

We ask for this information so that our volunteers will know in advance of special medical conditions you may have, rather than learning about them in a crisis. Also, in the event of serious injury or illness, this form provides emergency medical personnel with a useful medical history. After reviewing this form, you may be contacted to discuss whether the trip will be safe and enjoyable for you considering your medical history. We will keep the information on this form confidential. It will be seen only by volunteers who need to know and understand its confidential nature. The form will be retained during the trip.

General Information

Name: _____ Gender: ___ Male ___ Female

Address: _____

City: _____ State: _____ Zip: _____

Home: (_____) _____ Cell: (_____) _____

E-mail address: _____ Date of Birth: _____

Occupation: _____ Height: _____ Weight: _____ Blood Pressure: _____

Emergency Contact: _____ Relationship: _____

Home: (_____) _____ Work: (_____) _____ Cell: (_____) _____

If the above person is unavailable, please notify:

_____ Relationship: _____

Home: (_____) _____ Work: (_____) _____ Cell: (_____) _____

Medical Insurance Information

We strongly encourage you to bring your insurance card or other documentation with you on the trip.

Company Name: _____ Policy Number: _____

Contact Phone Number (if applicable): (_____) _____

Allergies

Include medicines, foods, animals, insect bites and stings, and environment (dust, pollen, etc.).

_____ Allergy Reaction Medication Required (if any) _____

Please continue on reverse

Medical History

Altitude Problems Yes No
Are you pregnant? Yes No
Arthritis Yes No
Asthma Yes No
Bleeding problems Yes No
Bone/Skeletal problems Yes No
Bronchitis Yes No
Circulation problems Yes No
Diabetes Yes No
Dizziness Yes No
Hay Fever Yes No
Heart problems Yes No
High Blood Pressure Yes No

HIV/AIDS Yes No
Intestinal/Bowel problems Yes No
Kidney/Urine problems Yes No
Life threatening problem Yes No
Liver Problems Yes No
Lung Problems Yes No
Seizures Yes No
Sinusitis Yes No
Stroke Yes No
Thyroid problems Yes No
Vision/Hearing Yes No

If you wear prescription glasses or contacts, we recommend bringing a spare set.

Do you have any other conditions or limitations that we need to be aware of? Yes No

If yes, please explain. _____

If you answered yes to any of the above questions, please list **ALL** prescription, over-the-counter, and natural **MEDICATIONS** you are taking. _____

List any special diet or special needs: _____

Recent illness? Yes No *If yes, please explain.* _____

Accidents, operations, hospitalizations? Yes No *If yes, please explain.* _____

Tetanus: It is strongly advised that you are inoculated against this fatal disease and you obtain a booster within every 10 years. Date of your most recent tetanus or booster: ____/____/____

Physician information

Family Physician's name: _____ Phone Number: (_____) _____

Address: _____

Signature

Date completed

BUILDERS FOR CHRIST

HOUSING AND ACCOMMODATIONS INFORMATION

Name _____ Expected Arrival Day _____

Expected Departure Day _____

I will need room accommodations for

Family _____ # in family _____

Ladies _____ # of Ladies _____

Gentlemen _____ # of Gentlemen _____

I will be bringing a camper. Hook-ups I will need include

_____.

I would like to stay with a family at the church, if possible.

I will be staying at a hotel/motel (you will need to make your own reservations)

Please return the completed form by May 20. Thank you.

This information can be sent by e-mail to either danorainer@comcast.net or dutchbc@eatel.net or by returning the enclosed card. Information can also be faxed to (225) 673-6624.

Information can also be mailed to:

BUILDERS FOR CHRIST
C/O DANO RAINER
2852 BUNTIN GUNN ROAD
MERIDIAN, MS 39305