
IMPACT CAMP – Team Leader Info Form

Name: _____ Gender (Circle One): Male Female

Church: _____ Youth Minister: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Who recruited you to be a TL?: _____

Present Age: _____ Date of Birth: _____

With which age category would you prefer to serve? Middle School High School

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