

P.O. Box 174
Dungannon, VA 24245
Phone: (540) 467-2306
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E-mail: Dungannon_DDC@hotmail.com
www.ddcinc.org

Notes:

Organization Information

Name of Organization: _____
Address: _____ State: _____
City: _____ Zip: _____
Organization's Phone Number: (_____) _____ Fax: (_____) _____
Organization's Web Site: _____

Contact Person Information

Name of Contact Person: _____
Address of Contact Person: _____ State: _____
City: _____ Zip: _____
Contact Person Phone Number: (_____) _____ Fax: (_____) _____
Contact Person Email: _____

Group Information:

Has the above organization ever been to the Phoenix Center: _____
If yes what year: _____
Total number of people in group: _____
Total number of adults in group: _____
Total number of youth in group: _____

To better accommodate our group(s) we ask that you answer the following question:

Does any member(s) have any disabilities: _____
If yes how may the D.D.C. help better serve the member(s) with the disabilities: _____

Date of Arrival: _____
Date to Depart: _____

Does any member(s) have any special dietary needs that D.D.C. should know about to help better serve the member(s) with: _____
If yes please list the special needs: _____

Does any member in your group have the following skills:
 Carpenter Masonry Dry walling
 Other _____

D.D.C. OFFICE USE ONLY:

Group Number: _____
Special Group: _____
Application Issues: _____