



**INDIVIDUAL REGISTRATION FORM  
2019 BORDER TO BORDER DELEGATION:  
COFFEE, MIGRATION AND FAITH**

**November 08 - November 16, 2019**

**PERSONAL INFORMATION**

Name

Telephone

Address

Cell phone

Name of Church  
or Organization

Email

Date of Birth

Passport #  
Exp. Date

**LEARNING OBJECTIVES**

Please briefly describe what you would like to experience and learn as part of this delegation.

Please briefly describe yourself for the trip roster that will be sent out to all participants in early October, so that we can begin getting to know each other.

Please describe other immersion experiences outside the United States that you have had.

How would you describe your ability to speak in Spanish?

Very limited

Conversational

Advanced

Native speaker

**MEDICAL INFORMATION**

Do you have any medical or physical disabilities that may require accommodation?

If yes, please describe.

Do you take prescription medication?

If yes, please list their names and dosages. Can provide later.

Allergies

Blood Type

**HEALTH INSURANCE**

Full Name of insured (this could be you, your parent, or spouse)

Name of insurance provider Medicare/

Telephone number of insurance provider

Policy/ID or Group # Medicare/

My health insurance is effective in the United States **AND** in México YES NO

If "NO", I assume full responsibility for any health care expenses I incur during the trip YES NO

**\*PLEASE NOTE THAT IF YOU HAVE ANY QUESTIONS ABOUT YOUR MEDICAL STATUS OR THE NEED FOR VACCINATIONS, WE RECOMMEND THAT YOU CONSULT YOUR PHYSICIAN PRIOR TO UNDERTAKING THIS TRIP. YOU WILL BE RESPONSIBLE FOR BRINGING YOUR OWN MEDICATION SUPPLY ADEQUATE FOR THE LENGTH OF THE TRIP, AND ANY NECESSARY MEDICAL SUPPLIES.**

**SPECIAL REQUIREMENTS**

Food Allergies

Dietary Restrictions

Accessibility (wheelchair access, etc.)

**EMERGENCY CONTACTS**

Name

Telephone

Address

E-mail

Name

Telephone

Address

E-mail

Please return to:

[vicky@fronteradecristo.org](mailto:vicky@fronteradecristo.org)

Or

Frontera de Cristo  
PO Box 1112  
Douglas, AZ 85608