INDIVIDUAL REGISTRATION FORM 2015 BORDER TO BORDER DELEGATION: COFFEE, MIGRATION AND FAITH



November 6-14, 2015

PERSONAL INFORMATION

Name (as appears on passpo	ort)			
Address		Telephone		
Cell Number	Passport#	Da	te of Birth	
E-mail	Name of Ch	Name of Church or Organization		
EARNING OBJECTIVE	S			
Please briefly describe wh	at you would like to experience	e and learn as part of this	delegation.	
Please briefly describe yours begin getting to know each o	self for the trip roster that will b	e sent out to all participan	ts in early October, so that we can	
Please describe other imme	ersion experiences outside of t	he United States that you	have had.	
How would you describe your ability in Spanish?				
Very limited	Conversational	Advanced	Native speaker	

MEDICAL INFORMATION			
Do you have any medical or physical disabilities that may require accommodation? Yes No			
If yes, please describe.			
Do you take prescription medication? Yes No			
If yes, please list their names and dosages.			
Allergies Blood Type			
HEALTH INSURANCE			
Full Name of insured (this could be you, your parent or spouse)			
Name of insurance provider			
Telephone number of insurance provider			
Policy/ID or Group#			
My health insurance is effective in the United states AND in Mexico 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 (vegetarian, gluten free, diabetic etc.)			
Accessibility (wheelchair access, etc.)			
EMERGENCY CONTACTS			

E-mail

Name Telephone

Name Telephone

Address E-mail

RETURN TRIP INFORMATION

Address

What airport and city do you wish to return to?

For additional information or questions please email Trisha Maldonado at trisha@fronteradecristo.org