

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



**November 6-14, 2015**

**PERSONAL INFORMATION**

Name (as appears on passport)

Address

Telephone

Cell Number

Passport#

Date of Birth

E-mail

Name of Church or Organization

**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 of the 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

Name Telephone

Address E-mail

Name Telephone

Address E-mail

## RETURN TRIP INFORMATION

What airport and city do you wish to return to?

For additional information or questions please email Trisha Maldonado at [trisha@fronteradecristo.org](mailto:trisha@fronteradecristo.org)