



INDIVIDUAL REGISTRATION FORM
2025 Border-to-Border Delegation:
Coffee, Migration, and Faith
October 31–November 8, 2025

PERSONAL INFORMATION	
Full Name on Passport:	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 Spanish? <input type="checkbox"/> Very limited <input type="checkbox"/> Conversational <input type="checkbox"/> Advanced <input type="checkbox"/> Native speaker	
MEDICAL INFORMATION	
Do you have any medical or physical disabilities that may require accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Do you take prescription medication? <input type="checkbox"/> Yes <input type="checkbox"/> 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 #:

Group #:

My health insurance is effective in the United States **and** in México Yes NoIf "No", I assume full responsibility for any health care expenses I incur during the trip. Yes No

***PLEASE NOTE:** 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. Proof of COVID vaccination is not required to re-enter the US, but we suggest everyone carry their COVID vaccination card with them.

SPECIAL REQUIREMENTS

Food Allergies:

Dietary Restrictions (vegetarian, vegan, gluten free, dairy free, lactose intolerant, diabetic etc.):

Accessibility needs (wheelchair access, etc.):

CPAP User? Please note here if you use a CPAP machine at night, so that we place you in a home where there is an electric outlet near the bed.

EMERGENCY CONTACTS

Name:

Telephone

Address:

E-mail

Name:

Telephone

Address:

E-mail

RETURN TRIP INFORMATION

To which airport and city would you prefer to return?
(Fee includes round trip from Hermosillo to Tapachula via Mexico City, but you can return from Tapachula or Mexico City to your home airport if you prefer. The additional cost will be added to your \$1800 fee.)

(Enter city/state and airport code in space above)

Please return this form with your check to:

Frontera de Cristo
 PO Box 1112
 Douglas, AZ 85608

Schedule of payments:

\$200 to reserve a spot
 \$800 due September 1
 \$800 due October 1

For more information, contact Mark at 520-364-9257 or
mark@fronteradecristo.org

*Please check your passport expiration date carefully. Some countries require that your passport be valid **at least six months beyond the dates of your trip** and some airlines will not let you board if this requirement is not met. Although this rule doesn't apply to travel in Mexico, you don't want your passport to expire while you are traveling. Go to travel.state.gov for information on applying for or renewing a US passport.