



INDIVIDUAL REGISTRATION FORM

for group delegations and events

Group or Event Name: _____

PERSONAL INFORMATION		
Name	Telephone	
Age (if 18 or under)		
Address	E-mail	
Name of Church Or Organization	Passport Number & Expiration Date	
MEDICAL INFORMATION		
Do you have any medical or physical constraints or disabilities that may require accommodation? (If yes, please describe)		
List critical prescriptions medications (and dosages) that you must take while on this trip:		
Allergies	Blood Type	
SPECIAL REQUIREMENTS		
Food Allergies		
Dietary Restrictions (vegetarian, gluten-free, diabetic, etc) Please be very specific about dairy products, egg products, etc.		
Accessibility needs: (wheelchair access, etc)		
LEARNING OBJECTIVES		
Please briefly describe what you would like to learn on this trip:		
EMERGENCY CONTACT		
Name	Phones (indicate home, work, cell)	
Relationship	Email	
Address		

Check attached: \$ _____

Check number: