

Participant Registration

Children's Heritage Foundation

Haiti - December 26th

Submit application & Nonrefundable deposit (\$150) by November 2, 2011

For questions please contact: Robert Lewison, 619-787-8587, robert@childrensheritagefoundation.org

Name (as it appears on passport)		Date
Spouse Name		
Address	City	Zip
E-mail	Work Phone	
Home Phone	Cell	
Spouse Work Phone	Spouse Cell Phone	

Passport Info:

Do you have current passport? Yes No

Passport Number _____

Passport expiration date _____

Age _____ Date of Birth _____ Gender _____

Will you be able to raise the necessary financial support required for participation on the missions trip? Yes No

Is your spouse interested in participating on the trip? Yes No

Participant's Signature _____ Date _____

Emergency Contact info:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Email _____





2011 Mission Trip Application

By signing this application I understand that I am responsible for my deposit and inevitably the full cost of my trip (which will be raised by me).

A \$150 nonrefundable deposit is due with your application to secure your spot on this trip. Once the trip has been booked with the airline you are responsible for all fees and costs paid to the airline. Payment schedule is as follows. I also understand that preparation for this trip is crucial and promise to attend the mission trip meetings and fulfill all of the requirements for participation. If I fail to meet these requirements, I understand that I may be asked to give my spot to another person who can cover the requirements.

Finally, I agree to participate fully in the mission trip regardless of what obstacles we may encounter. I understand that mission work is hard and promise to give of my whole self, allowing God to work through me. I understand that housing may be cramped and uncomfortable, that the environment maybe extreme and food maybe different and limited and I fully welcome these challenges and opportunities.

Signature: _____

2011 Mission Trip Application

Why are you interested in participating in this mission trip?

What are your expectations for this trip?

Medical providers, What is your area of expertise or training?

Non-medical providers, What is your area of expertise or training?

Are connected to a local church or School Yes No

If yes, name_____

Pastor/Teacher Name_____

E-mail Address_____

Phone Number_____

Years Attending _____



2011 Mission Trip Application

In what other, if any, mission trips have you participated?

What are your skills, interests, or hobbies (such as photography) that might be useful on the trip or in the interpretation experience after the trip?

How would you describe your health?

Excellent Good Fair Poor

Do you have allergies Yes No (If yes, please explain)

Dietary restrictions? Yes No (If yes, please explain)

Please provide two personal references.

Name _____

Nature of Relationship _____ Years known _____

E-mail Address _____

Home Phone _____ Cell _____

Name _____

Nature of Relationship _____ Years known _____

E-mail Address _____

Home Phone _____ Cell _____

