

Guatemala Trip
August 4-11, 2017

Sponsored by
Central American Partnership Network of Presbytery of New Covenant & CEDEPCA

- *Please complete this form and return with deposit of \$200 **by May 15.***
- *Your check should be made payable to Presbytery of New Covenant and designate that it is for the Guatemala Trip.*
- *Mail your form and check to: Robert Beach 7168 Spanish Grant Galveston, TX 77554*
- *Send an email to ebeach@att.net to let him know that your registration is coming.*

Name (as shown on passport) _____

Address _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Birth Date _____ Sex _____ E-mail Address _____

Passport No. _____ Expiration Date **Must be effective 6 months after trip* _____

Church where you attend _____

Spanish Skill: _____ None _____ Basic _____ Fluent

Occupation or Background _____

Please list any health problems, allergies, special needs:

List medications you take including generic name and dosage: _____

Special dietary needs (such as vegetarian or diabetic): _____

Do you need special sleeping arrangements if available because of snoring or sleep disorders?

In case of emergency contact: _____

Address _____

Home Phone _____ **Cell Phone** _____

Other Phone _____ **E-mail** _____

(continued)

Are you covered by your health insurance for travel out of country? Yes No

If yes, Insurance Company _____ Policy No. _____

Policy Holder's Name _____ Claims Phone No. _____

Have you ever traveled to Central America before? Yes No

If so, which countries? _____

What purpose was your visit? _____

My reasons for participating in this mission trip or what I hope to gain from this experience:

If there are specific places that you want to visit, please specify:

I hereby release and discharge the organizations that helped in these arrangements, their agents, employees, and officers, from all claims, demands, actions, judgments, or executions that I have ever had, or now have, or may have, or which my heirs, executors, administrators or assign may have or claim to have, against the organizations, their agents, employees, and officers, and their successor or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of, the described journey. I intend to be legally bound by this statement.

Signature _____ Date _____