



# Registration Form A

Country: \_\_\_\_\_

Trip Dates: \_\_\_\_\_

**FORM MUST BE COMPLETED IN FULL. PLEASE ANSWER ALL QUESTIONS**

Title (Circle)

Name

Mr. Mrs. Miss

Rev. Dr. other: \_\_\_\_\_

Last/ Family

First/Given

Middle Initial

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email address (printed plainly) \_\_\_\_\_

Birth Date: (Month/Day/Year): \_\_\_\_\_

Birth Place: \_\_\_\_\_

**T-SHIRT SIZE:** \_\_\_\_\_

Name on Passport (**your name must be shown exactly as written on your passport**):

Passport #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

If not a U.S. citizen, list citizenship country: \_\_\_\_\_

Marital Status: \_\_\_\_\_

If married, spouse's name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature \_\_\_\_\_

Please submit a copy of your Passport. Team leader will carry it during the trip in case of emergency.

Concessions For Christ, Inc



A Mission Minded Ministry

# MEDICAL INFORMATION FORM B

Country: \_\_\_\_\_ Trip Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician Name/ Phone # \_\_\_\_\_ Blood Type: \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Supplemental Health Insurance Co. (If any): \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Contact and Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mission trips can be extremely strenuous and stressful. They may include transportation trips of 10 to 20 hours in duration. Missionaries are required to be responsible for their own luggage. Restrooms may not always be readily accessible. There can be a considerable amount of physical labor on the work sites. Sleeping arrangements may not be comfortable and, in most instances, you will be sharing a room with several other people. Climate can vary from extremely hot in summer months to cold in winter, which could affect your overall strength and energy. Individuals need to be prepared to deal with mosquitoes, sand flies, snakes, little lizards. Water quality will not be good. You will be drinking bottled water most of the time. I have read and understood these conditions: \_\_\_\_\_ (initials)

All of these factors have been known to aggravate certain health conditions, and the facilities of our Host site may not be adequate.

1. Do you have any physical conditions that could limit your ability to perform the ministry of this particular mission trip?

\_\_\_\_ Yes \_\_\_\_ No If yes, please describe

2. Please check if you have any of the following medical conditions:

- |                      |                    |                   |                         |
|----------------------|--------------------|-------------------|-------------------------|
| ____ Allergies       | ____ Arthritis     | ____ Asthma       | ____ Bleeding Disorders |
| ____ Chronic Anxiety | ____ Depression    | ____ Diabetes     | ____ Fibromyalgia       |
| ____ Glaucoma        | ____ Heart Disease | ____ Hypertension | ____ Hypoglycemia       |
| ____ Migraines       | ____ Seizures      | ____ other        |                         |

\_\_\_\_\_

# Funding Policy & Rules

## FORM C

The total cost for the trip is \$1,500.00. You may fund this trip as follows:

- a. Non-Refundable deposit of \$200.00 due to hold your spot.
- b. \$500.00 Due by Oct 1, 2017
- c. \$500.00 Due by Nov 1, 2017
- d. \$300.00 Due by Dec 1, 2017

### Credit Card Guarantee Authorization

In the event that your funding is not paid by two weeks prior to the departure date of the trip, the balance of your trip at that time will be charged to your credit card. We strongly advise that you have your funding paid before this date.

#### 1. PARTICIPANT BILLING INFORMATION

First Name:

Last Name:

Street Address:

City, State:

Zip Code:

Phone Number:

E-mail:

#### 2. CREDIT CARD INFORMATION

Type of credit card:   \_\_\_Mastercard   \_\_\_Visa   \_\_\_American Express   \_\_\_Discover

Card Number:\_\_\_\_\_

Exp Date\_\_\_\_\_ Security Code\_\_\_\_\_

Name as appears on card:\_\_\_\_\_

#### 3. PARTICIPANT AUTHORIZATION

My signature authorizes Concessions For Christ, Inc. to charge my card for the balance due on my trip, not to exceed \$1,500 which is the total cost of the trip. I understand that this charge will be made to my credit card TWO WEEKS prior to the departure date of the trip and that the charge will be for the balance owed as of the payment date. Should this credit card transaction be rejected, I understand that I may not be allowed to participate on the mission trip.

Signature\_\_\_\_\_ Date\_\_\_\_\_

# Minor Travel Authorization FORM D

To Whom It May Concern:

I/We, \_\_\_\_\_

(Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s))

am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of:

Child's full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

U.S. Passport Number: \_\_\_\_\_

Date and Place of Issuance of U.S. Passport: \_\_\_\_\_

\_\_\_\_\_, (Child's Full Name) has my/our consent to travel with:

Full name of accompanying person: Patrick Thomas McNeil

U.S. or foreign passport number: 559154109

Date and Place of issuance of this passport: 5-4-17 / Georgia

to travel to Cabaret, Haiti during the period of \_\_\_\_\_.

During that period, \_\_\_\_\_ (Child's Name) will be residing with

Patrick Thomas McNeil at the following address:

Number/street address and apartment number: \_\_\_\_\_

City, State/Province, Country: \_\_\_\_\_

Telephone and fax numbers (work, cell phone and residence) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

In the case of Emergency, you can contact Patrick McNeil at (470)214-5425