



## **Registration Form Our Little Roses Mission Trip—July 24–August 2, 2010**

This registration form is due March 8. The information on it will be used in the event of an emergency.

### **Personal data**

Name:

Address:

Home phone:

Cell phone:

Work phone:

Email:

\*Passport No:

### **Emergency contact information**

Name:

Address:

Phone:

Email:

Relationship:

### **Emergency health information:**

Please list health conditions and instructions that your team leader should be aware of in an emergency.

Please list medications, dosage, and why you are taking them.

Do you have allergies? If so please describe:

### **Contact information – Primary Care Physician:**

Name:

Address:

Phone Number:

\*\*Health insurance company:

Name of policy holder:

Policy number:

Group number:

International contact number:

*Christ Church embodies God's unbounded love by embracing, liberating, and empowering people, whoever they are and wherever they find themselves on their journeys of faith.*

\*\*Did you purchase trip insurance separate from the group? Yes or No (please circle)

Name of Policy Holder:

Contact number:

**Room assignment information:**

Do you smoke? Yes or No (please circle)

Are there special considerations or needs that the team leader or hotel should be aware of?

**General information:**

Is there personal information that the team leader or spiritual leader should have that might affect you during the mission trip?

Would you be willing to serve as an activity leader during this trip? Yes or No (please circle)

If you would be willing to serve as an activity leader or have led activities before, what type of children's activities are you willing to lead?

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I understand the cost of the OLR mission trip is \$1,400. This includes a \$100 deposit and the remaining amount of \$1,300 will cover the cost of airfare, hotel, food, insurance, tips, and a t-shirt. **My \$100 deposit is non-refundable after the deadline for registration on March 8, 2010.**

Signature:

Date:

\* Please attach two copies of your passport.

\* \*Attach a copy of your insurance information card. The mission team will be purchasing group medical insurance for dates of our travel.

**All checks should be made out to Christ Church, with *OLR Mission Trip* on the memo line.**

**Please return completed form and all requested information to:**

Liz Hoekstra  
2533 Miller Park Circle, Apt. A  
Winston-Salem, NC 27103

After completing the form, contact Liz at 704-236-5166 or [lizhoekstra@fcds.org](mailto:lizhoekstra@fcds.org) to let her know the form and documents are on the way.