

Haiti Mission Trip April 9-15, 2015

Mandatory Information Form

Please answer all of the following questions. It is imperative that you complete this form in its entirety. Please be candid about food, medication, allergy and physical activity restrictions even if you do not think that they will affect your trip. Only the trip leaders will see this form. *Are required to book the tickets.

Name of traveler: _____

Address: _____

Phone: _____

Email address: _____

*Date of birth: _____

*Please print name below as it appears on your passport if different than above:

*American Advantage Number: _____

U.S. Passport: Please make a copy to bring with you and keep in a safe place and leave a copy at home.

Person to contact in case of an emergency (name and phone number):

Alternate emergency contact (name and phone number):

Doctor's name and phone number: _____

Any dietary restrictions: _____

Blood type: _____

Allergies: _____

Other conditions: _____
