

**Registration Form - Adult**  
**2010 Haiti Intergenerational Mission Trip**  
**June 23 – 30, 2010**

Name: \_\_\_\_\_  
Name (exactly as shown on passport): \_\_\_\_\_  
Name Called: \_\_\_\_\_ Email address: \_\_\_\_\_  
Date of Birth (day, month, year): \_\_\_\_\_  
Passport Number: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_  
Citizenship: USA Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mobile Phone(s): \_\_\_\_\_  
Email: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Name of Health Insurance Carrier and Policy Number: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_  
\_\_\_\_\_

Please list all allergies, including food, medicine, animals, etc.: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact 1:**

Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact 2:**

Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name(s) of Youth you will be accompanying: \_\_\_\_\_  
\_\_\_\_\_

**Registration Check List:**

- \_\_\_\_\_ Registration form (Shown on this page)
- \_\_\_\_\_ Copy of current passport
- \_\_\_\_\_ Check for \$250 (refundable deposit)

**Second payment of \$250 is due on April 1. Third and final payment of \$TBD is due on May 15.**