



June 30 – July 17, 2008

Name (as it appears on your passport): _____

Last four digits of your social security number: _____ (for account tracking purposes)

Do you have: A Certified Birth Certificate? Yes No

A Current Passport? Yes No

Passport #: _____ Date of Expiration: _____

Country of Citizenship: _____ Date of Birth: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Sex: Male Female Marital Status: _____

Have you ever participated on a G.O. trip with us before? Yes No

If 'yes', which trip(s)? _____

Are you a Member or Regular Attendee at Christ's Church of Amherst? Yes No

If yes, how long? _____ If not, do you have a church home? _____

If you regularly attend a church other than Christ's Church, please provide your church information:

Your church: _____ Your pastor: _____

List two people outside of your immediate family who know you and would serve as references for you:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

How would you describe your present health? ___ Excellent ___ Good ___ Average ___ Poor

Please describe health problems you have: _____

What medications are you on? _____

Please list any allergies to food, medications or environs: _____

History: (Please briefly explain any 'yes' answer on a separate sheet of paper.)

- | | | |
|--|--------|---------|
| 1. Have you ever been involved in using illegal drugs? | ___ No | ___ Yes |
| 2. Have you ever been arrested? | ___ No | ___ Yes |
| 3. Do you have a criminal record in any country? | ___ No | ___ Yes |

How do you plan to pay for this trip?

___ Savings ___ Earnings ___ Raise Support ___ Not sure

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Emergency Contact Information

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Please list who to contact in case of an emergency.

Name: _____

Relationship to you: _____

Daytime Phone: _____ Evening Phone: _____

By signing this you are signifying that you have read and understood and agree to comply with all trip guidelines. Return this signed application with your deposit of \$100.

Date: _____ Signature: _____

Parent Signature (if under 18) _____