

INDIVIDUAL REGISTRATION FORM
2014 BORDER TO BORDER DELEGATION:
COFFEE, MIGRATION AND FAITH



Please indicate your preference, if both dates are possible, mark your first choice with "1" and your second with "2"

____ **October 31-November 8, 2014**

____ **November 7-15, 2014**

PERSONAL INFORMATION

Name

Telephone

Address

Cell phone

Name of Church or
Organization

Email

Date of Birth

Passport #

LEARNING OBJECTIVES

Please briefly describe what you would like to experience and learn as part of this delegation.

Please briefly describe yourself for the trip roster that will be sent out to all participants in early October, so that we can begin getting to know each other.

Please describe other immersion experiences outside the United States that you have had.

How would you describe your ability in Spanish?			
Very limited	Conversational	Advanced	Native speaker
MEDICAL INFORMATION			
Do you have any medical or physical disabilities that may require accommodation?			
If yes, please describe.			
Do you take prescription medication?			
If yes, please list their names and dosages.			
Allergies			Blood Type
HEALTH INSURANCE			
Full Name of insured (this could be you, your parent, or spouse)			
Name of insurance provider			
Telephone number of insurance provider			
Policy/ID or Group #			
My health insurance is effective in the United States AND in México		YES	NO
If "NO", I assume full responsibility for any health care expenses I incur during the trip		YES	NO
*PLEASE NOTE THAT IF YOU HAVE ANY QUESTIONS ABOUT YOUR MEDICAL STATUS OR THE NEED FOR VACCINATIONS, WE RECOMMEND THAT YOU CONSULT YOUR PHYSICIAN PRIOR TO UNDERTAKING THIS TRIP. YOU WILL BE RESPONSIBLE FOR BRINGING YOUR OWN MEDICATION SUPPLY ADEQUATE FOR THE LENGTH OF THE TRIP, AND ANY NECESSARY MEDICAL SUPPLIES.			
SPECIAL REQUIRMENTS			
Food Allergies			
Dietary Restrictions (vegetarian, gluten free, diabetic etc.)			
Accessibility (wheelchair access, etc.)			
EMERGENCY CONTACTS			
Name		Telephone	
Address		E-mail	
Name		Telephone	
Address		E-mail	

Please return to:

melissa@fronteradecristo.org

Or

Frontera de Cristo
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